


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90090 017 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # P39943 1. Entity Name THE PLANTATION AT LEESBURG, INC. | | | |  | |
| Principal Place of Business 25201 HIGHWAY 27 SOUTH LEESBURG, FL 34748-9099 | | | Mailing Address 25201 HIGHWAY 27 SOUTH LEESBURG, FL 34748-9099 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 701 Green Valley Road | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 300 | | | |
| City & State | | City & State Greensboro, NC | | | |
| Zip | Country | Zip 27408 | Country | 4. FEI Number 56-1783253 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THIELE, EARL H 25201 US HIGHWAY 27 SOUTH LEESBURG, FL 32748 | | | 7. Name and Address of New Registered Agent Name Ross Hemphill Street Address (P.O. Box Number is Not Acceptable) 25201 US Highway 27 City Leesburg FL Zip Code 34748-9099 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>Ross Hemphill</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE 2/1/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD RICHARDSON, PETER L. 266 POST ROAD EAST WESTPORT, CT <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT HEMPHILL, ROSS 25201 US HWY 27 LEESBURG, FL 34748 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THIELE, EARL H. 25201 HIGHWAY 27 SOUTH LEESBURG, FL <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS TONRY, ROBERT 25201 US HIGHWAY 27 SOUTH LEESBURG, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Tonry, Robert 25201 US Highway 27 Leesburg, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Ross Hemphill, Pres.</i> | | | DATE 2/1/07 DAYTIME PHONE # 352-326-4170 | | |