2005 FOUR ROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM **DOCUMENT # P94000059390 Secretary of State** 1. Entity Name SAVANNAH HISTORIC PROPERTIES, INC. Mailing Address Principal Place of Business 2275 ATLANTIC BLVD PO BOX 330108 ATLANTIC BEACH, FL 32233-0108 NEPTUNE BEACH, FL 32266 No Chg-P CR2E034 (10/03) 03012005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3260659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORRELL, MARY C DO NOT WRITE 2275 ATLANTIC BLVD NEPTUNE BEACH, FL 32266 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE HIONIDES, CHRIS NAME U00000272207 03/21/05-80883-004 150.00 STREET ADDRESS 2275 ATLANTIC BLVD CITY-ST-ZIP NEPTUNE BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), 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:

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Hionides