2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Melison F. Hall

Mar 08, 2006 08:00 AM DOCUMENT # P95000091594 **Secretary of State** S AND M PROPERTIES, INC. Principal Place of Business Mailing Address 5099 CREEK PATH 5099 CREEK PATH MARIANNA, FL 32446 MARIANNA, FL 32446 03042006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3352390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent HALL, STEVEN C DO NOT WRITE 5099 CREEK PATH MARIANNA, FL 32446 IN THIS SPACE 5. 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. DATE Signature, typed or careful name of registered agent and title if applicable (NOTE, Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TATCE HALL, STEVEN C 5099 CREEK PATH STREET ADDRESS MARIANNA, FL 32446 CITY-ST-ZP ST TITLE U00000460362 HALL, MELISSA F NAME 03/20/06-80007-008 150.00 STREET ADDRESS 5099 CREEK PATH CITY-ST-ZIP MARIANNA, FL 32446 NAME STREET ADDITESS DO NOT WRITE CITY-SY-DP HILE IN THIS SPACE NAME STREET ADDRESS C/17-51-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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.

Melissa F. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-66

(850) 482-9551

FILED