


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90248 023 \*\*\*150.00

<b>DOCUMENT # P95000092953</b>	
1. Entity Name <b>HAILE PLANTATION COMMUNITY MANAGEMENT, INC.</b>	

Principal Place of Business <b>5330 SW 91ST TERRACE GAINESVILLE, FL 32608 US</b>	Mailing Address <b>5330 SW 91ST TERRACE GAINESVILLE, FL 32608 US</b>
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**94072528**

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03012004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3352668</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MEDINA, RICK 5330 SW 91ST TERRACE GAINESVILLE, FL 32608</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>QUIGLEY, JEFF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9623 SW 53RD ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32608</td> <td></td> </tr> </table>	TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	QUIGLEY, JEFF		STREET ADDRESS	9623 SW 53RD ROAD		CITY-ST-ZIP	GAINESVILLE, FL 32608		<table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Halward, William</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5050 SW 88th Terrace</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Gainesville, FL 32608</td> <td></td> </tr> </table>	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Halward, William		STREET ADDRESS	5050 SW 88th Terrace		CITY-ST-ZIP	Gainesville, FL 32608	
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12. I hereby certify that the information supplied with this filing 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: William Halward 4/16/04 (352) 333-7048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #