

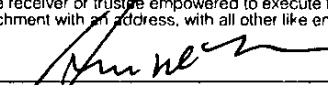


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90052 041 ***150.00

DOCUMENT # P95000092953 1. Entity Name HAILE PLANTATION COMMUNITY MANAGEMENT, INC.					
Principal Place of Business 5330 SW 91ST TERRACE GAINESVILLE, FL 32608 US			Mailing Address 5330 SW 91ST TERRACE GAINESVILLE, FL 32608 US		
2. Principal Place of Business 5341 SW 91st Terrace		3. Mailing Address 5341 SW 91st Terrace			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32608		Country Alachua		4. FEI Number 59-3352668	
Zip 32608		Country Alachua		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, RICK 5341 SW 91ST TERRACE, Suite A GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP HALWARD, WILLIAM 5050 SW 88TH TERR. GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tow, Herman 8860 SW 45th Boulevard Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVID, COFFEY C 5346 SW 91ST TERR GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAHAFFEY, DICK 4528 SW 97TH TERR GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIDT, J. WILLIAMS 3951 SW 98TH TERR GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schmidt, John William Jr. 3951 SW 98th Terrace Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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:  HERMAN TOW / 3/29/05 335 7848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					