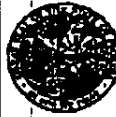


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 23, 2004 8:00 am
Secretary of State

03-10-2004 90028 049 ***150.00

DOCUMENT # P95000096847		
1. Entity Name ANSLEY PROPERTIES, INC.		
Principal Place of Business % CAMELOT CHATEAU 1831 SE LAKE WEIR AVENUE OCALA, FL 34471		Mailing Address P.O. BOX 3310 OCALA, FL 34478
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C. A. HARRIS % CAMELOT CHATEAU 1831 SE LAKE WEIR AVENUE OCALA, FL 34471		DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered agent signature required when certifying)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIS, CHARLES A III 1831 SE LAKE WEIR AVENUE OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSO HARRIS, CHARLES A 1831 SE LAKE WEIR AVENUE OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(1), 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 charged, or on an attachment with an address, with all other like empowered.		
SIGNATURE: C.A. HARRIS <i>C.A. Harris</i> 3/18/04 352-237-6916 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0843994	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**