

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90645 001 \*\*\*150.00

<b>DOCUMENT # P96000041781</b> 1. Entity Name <b>HOAGLAND WAREHOUSE PROPERTIES, INC.</b>					
Principal Place of Business <b>101 PARK PLACE BLVD., SUITE 3 STE 1 KISSIMMEE, FL 32741</b>			Mailing Address <b>101 PARK PLACE BLVD., SUITE 3 STE 1 KISSIMMEE, FL 32741</b>		
2. Principal Place of Business <b>2701 Michigan Ave</b> Suite, Apt. #, etc. <b>J</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Kissimmee, FL</b>		City & State		4. FEI Number <b>59-3383171</b>	
Zip <b>34744</b> Country <b>USA</b>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REICH, JOHN C 101 PARK PLACE BLVD., SUITE 3 STE 1 KISSIMMEE, FL 32741</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2701 Michigan Ave</b> <b>Suite J</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34744</b>		
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 <span style="float: right;">4-08-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>REICH, JOHN C 101 PARK PLACE BLVD STE 1 KISSIMMEE, FL 32741</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 MICHIGAN AVE SUITE J KISSIMMEE, FL 34744</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>REICH, SHAYNA THOMAS 3675 BOGGY CREEK ROAD KISSIMMEE, FL 34744</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>director</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4.08.04 <span style="float: right;">407 847-4888</span> <small>Date Daytime Phone #</small>			