

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000050371	
1. Entity Name HIAWASSEE, INC.	



Principal Place of Business 800 N HIGHLAND AVE 200 ORLANDO, FL 32803 US	Mailing Address 800 N HIGHLAND AVE 200 ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3391208	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
800 N. HIGHLAND AVE.
ORLANDO, FL 32803

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHIRA, LEE
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200
CITY- ST- ZIP ORLANDO, FL 32803

TITLE D
NAME CARLTON, MICHELLE C
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 100
CITY- ST- ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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04729705-80078-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2205

Date

407-297-1600

Daytime Phone #