
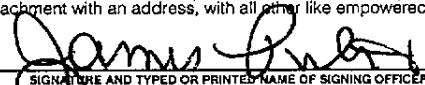


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

| | | | |
|---|---|--|-------------------------------|
| DOCUMENT # P96000098523 | |  | |
| 1. Entity Name ORTEGA PARK AT BLANDING, INC. | | | |
| Principal Place of Business 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667 US | | Mailing Address 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667 US | |
| DO NOT WRITE IN THIS SPACE | | | |
| | | 04222004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-3420007 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | |
| STOKES, CHESTER E JR 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 1000000133773 04/27/04-80101-021 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STOKES, E CHESTER JR 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PUTNAL, JAMES E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WALLACE, DENISE L 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRAREN, MICHAEL E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HICE, SHERRY 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667 | | |
| 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:  | | 4/26/04 (904) 591-2695 Date Daytime Phone # | |