## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PROPRECTOR

DOCUMENT # P96000102142  1. Entity Name PALMETTO DUNES, INC.					G [				
				CTOD		7.4			
Principal Place of Business 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803		Mailing Address PO BOX 4961 ORLANDO, FL 32802-4961 US			SECRETA TALLAHAS	RY UF ST SEE. FLO	ATE PRIDA		
			i						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02182004	Chg-P	CR2E034	(10/03)	IKD
City & State		City & State			4. FEI Number 59-34245	585			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		3.75 Add e Required	
	6. Name and Address of Current F	lRegistered Agent	<del></del>		7. Name and Ad	dress of New R			
500000		Name							
	P SERVICES OF CENTRAL FL ANGE AVE	Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO, FL 32801									
				City			FL	Zip Code	9
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Feet 9/04-01062-005 **150.00									
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	<del></del>			E			[	☐ Change	Addition
NAME OTREET LODGE DO	CARLTON, CHARLES								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE	P Delete 1/17L			1				Change	☐ Addition
NAME	KROPP, STEVEN G			1					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP					
TITLE	VPAS Delete Tittl			<del></del>		·		Change	Addition
NAME	MCKINNEY, EUGENE J							_ onunge	7.00/1101
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32803			'-ST-ZIP					
TITLE	VPAT Delete T							] Change	☐ Addition
NAME STREET ADDRESS	LAWLER, THOMAS 800 N. HIGHLAND AVENUE, STE. 200			EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE	VPT	☐ Delete	TITL	E				Change	☐ Addition
NAME	WILLNER, DAVID N			tE .					
STREET ADDRESS	· ·			EET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32803 /			'-ST-ZIP				7.05	- Later
TITLE NAME	VP TUTTLE, L. MILLS	☐ Delete	TITL	i			Ł	_] Change	☐ Addition
STREET ADDRESS	800 N. HIGHLAND AVENUE, STE	i i i i i i i i i i i i i i i i i i i		EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP					
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.									