2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000022341

1. Entity Name

MARSH HARBOR AT PALM VALLEY RESIDENTIAL
INVESTMENTS, INC.

Principal Place of Business	Mailing Address
135 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082	135 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

04272004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3454990	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, BARON L ESQ.
135 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082

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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_____   DATE
    Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	U000000136658 04/28/04-80097-003 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	DPS	
NAME	MANNING, WAYNE O	
STREET ADDRESS	135 PROFESSIONAL DRIVE, SUITE 101	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _____   _____   _____
              SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #