

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90105 033 \*\*\*150.00

<b>DOCUMENT # P99000063901</b> 1. Entity Name <b>HIAWASSEE PLACE, INC.</b>					
Principal Place of Business <b>2813 S HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835 US</b>			Mailing Address <b>2813 S HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835 US</b>		
2. Principal Place of Business <b>6000 Metrowest Blvd.</b>		3. Mailing Address <b>6000 Metrowest Blvd.</b>			
Suite, Apt. #, etc. <b>111</b>		Suite, Apt. #, etc. <b>111</b>		02032004    Chg-P    CR2E034 (10/03)	
City & State <b>Orlando Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>59-3588743</b>	
Zip <b>32835</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SKORMAN, MARC 1813 S HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835</b>		7. Name and Address of New Registered Agent Name <b>MARC SKORMAN, PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>6000 METROWEST BLVD SUITE 111</b> City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32835</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 <b>MARC SKORMAN, PRESIDENT</b> <b>4/15/04</b>					
<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	P SKORMAN, MARC 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKORMAN, KEVIN 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>MARC SKORMAN, PRESIDENT</b> <b>4/15/04</b> 407 253 2001					