


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000063901 1. Entity Name HIAWASSEE PLACE, INC.		
Principal Place of Business 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835 US	Mailing Address 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835 US	



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3588743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKORMAN, MARC 6000 METROWEST BLVD SUITE 111 ORLANDO, FL 32835		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 RFE, if applicable. (NOTE: Registered Agent signature is required when retaking) 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 NAME STREET ADDRESS CITY-ST-ZIP	P SKORMAN, MARC 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKORMAN, KEVIN 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786
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04/20/05-80047-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Marc Skorman* **PRESIDENT MARC SKORMAN PRESIDENT 3/22/05 407 2532001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone #