2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P99000072189

Entity Name: JOEL M. HANES PA

Current Principal Place of Business:

3 HICKORY HEAD HAMMOCK
THE VILLAGES, FL 32159

New Principal Place of Business:

2206 KAYLEE DRIVE
THE VILLAGES, FL 32162

Current Mailing Address:

3 HICKORY HEAD HAMMOCK
THE VILLAGES, FL 32159

New Mailing Address:

2206 KAYLEE DRIVE
THE VILLAGES, FL 32162

FEI Number: 59-3587036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANES, JOEL M
3 HICKORY HEAD HAMMOCK
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

HANES, JOEL M
2206 KAYLEE DRIVE
THE VILLAGES, FL 32162 US

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.

SIGNATURE: 07/01/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HANES, JOEL M
Address: 3 HICKORY HEAD HAMMOCK
City-St-Zip: THE VILLAGES, FL 32159

Title: VP ( ) Delete
Name: HANES, SHARON L
Address: 3 HICKORY HEAD HAMMOCK
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HANES, JOEL M
Address: 2206 KAYLEE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: VP (X) Change ( ) Addition
Name: HANES, SHARON L
Address: 2206 KAYLEE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL M. HANES PRES 07/01/2005
Electronic Signature of Signing Officer or Director — Date