

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90026 026 ***150.00

DOCUMENT # V21498

1. Entity Name
HIGH SPRINGS PROPERTIES, INC.



Principal Place of Business
505 LANCASTER ST., #8 AB
JACKSONVILLE, FL 32204

Mailing Address
505 LANCASTER ST., #8 AB
JACKSONVILLE, FL 32204

54023353

2. Principal Place of Business
4928 Arapahoe Ave.
Suite, Apt. #, etc.

3. Mailing Address
4928 Arapahoe Ave.
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip 32210 Country Duval

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Jacksonville FL
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03222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3113338
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, WILLIAM H
505 LANCASTER ST., #8 AB
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name
Hall, William H.
Street Address (P.O. Box Number is Not Acceptable)
4928 Arapahoe Ave
City Jacksonville FL Zip Code 32210

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 W Hall
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/04
DATE

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HALL, WILLIAM H
STREET ADDRESS 505 LANCASTER STREET, #8 AB
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Hall, William H.
STREET ADDRESS 4928 Arapahoe Ave.
CITY-ST-ZIP Jacksonville, FL 32210

TITLE D ☐ Change ☒ Addition
NAME HALL, ALLISON K
STREET ADDRESS 390 FIFTH ST.
CITY-ST-ZIP ATLANTIS BEACH, FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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.

SIGNATURE: W Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04
Date Daytime Phone #