


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90290 030 \*\*\*150.00

<b>DOCUMENT # V21498</b>	
1. Entity Name HIGH SPRINGS PROPERTIES, INC.	

Principal Place of Business <del>4928 ARAPAHOE AVE</del> JACKSONVILLE, FL 32210	Mailing Address <del>4928 ARAPAHOE AVE</del> JACKSONVILLE, FL 32210
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**20018971**

2. Principal Place of Business 2720 Park St. #204	3. Mailing Address 2720 Park St. #204
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville, FL
Zip 32205	Zip 32205
Country	Country

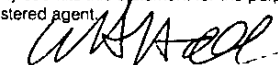


02222005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
HALL, WILLIAM H 4928 ARAPAHOE AVE JACKSONVILLE, FL 32210	

4. FEI Number 59-3113338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

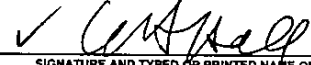
SIGNATURE:  DATE: 3/6/05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, WILLIAM H 4928 ARAPAHOE AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALE, ALLISON K 390 FIFTH ST ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Harris, Allison H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 3/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR