2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 374109

1. Entity Name
FLORIDA TERRITORIAL LAND COMPANY

Principal Place of Business	Mailing Address
101 TIMBERLACHEN SUITE #202 LAKE MARY, FL 32746	P.O. BOX 2259 LAKE MARY, FL 32795-2259

04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1535786
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMPION, C JONATHAN
101 TIMBERLACHEN CIRCLE
SUITE # 202
LAKE MARY, FL 32746

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) 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

U00000125933
04/23/04-80013-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CHAMPION, C. JONATHAN
STREET ADDRESS	22420 E STATE RD 44
CITY-ST-ZIP	EUSTIS, FL
TITLE	ST
NAME	CHAMPION, JULIE MILAM
STREET ADDRESS	22420 E STATE RD 44
CITY-ST-ZIP	EUSTIS, FL
TITLE	D
NAME	CHAMPION, CHARLES J JR
STREET ADDRESS	464 SUN LAKE CIRCLE #304
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	PD
NAME	CHAMPION, BENJAMIN L
STREET ADDRESS	4214 CLOVERLEAF PLACE
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	D
NAME	CHAMPION, CHARLES J JR
STREET ADDRESS	101 TIMBERLACHEN CIRCLE #202
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ 4-20-04 407 330-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #