


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90416 035 ***150.00

| | |
|--|---|
| DOCUMENT # 421602 |  |
| 1. Entity Name MID-FLORIDA LAND & TIMBER CORPORATION | |

| | |
|---|---|
| Principal Place of Business 214 NE 4TH STREET DELRAY BEACH FL 33444 | Mailing Address 214 NE 4TH STREET DELRAY BEACH FL 33444 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E034 (11/03)

| | |
|---|--|
| 4. FEI Number 59-1458950 | 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

**KOCH, WILLIAM F., JR.
900 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33444**

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 _____
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
Make Check Payable to Florida Department of State

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 | PD <input type="checkbox"/> Delete KOCH, WILLIAM F JR. 900 E. ATLANTIC AVE #14 DELRAY BEACH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete STRAWN, JOEL T 54 NE 4TH AVENUE DELRAY BCH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD <input type="checkbox"/> Delete GYWNN, WILLIAM E 214 NE 4TH AVENUE DELRAY BEACH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Delete KOCH, WILLIAM F III 900 E ATLANTA AVE DELRAY BEACH FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STROGAN, COLIN S SEVEN ROTHESAY TERRACE EDINBRUGH, SCOTLAND |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LAWSON, PETER H IVERSEK HOUSE 1 ALDWAITCH LONDON, ENGLAND |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Wm E. Gwynn *Wm E. Gwynn* **4/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #