2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90343 008 ****61.25

DOCUMENT # 764694

1. Entity Name
LAND CO-OP POOL CO-OP, INC.

Principal Place of Business	Mailing Address
9601 MICCOSUKEE RD TALLAHASSEE, FL 32309 US	9601-53A MICCOSUKEE RD TALLAHASSEE, FL 32309 US

04272006 Chg-NP CR2E037 (11/05)

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

4. FEI Number 59-2240763 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUEST, DAVID 9601-51 MICCOSUKEE ROAD TALLAHASSEE, FL 32309	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, FOX 11000 MCCRACKIN RD TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bloyd, Chip 9601 Miccosukee #6 Tallahassee, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROGERS, JULIE 4133 PECAN BRANCH TALLAHASSEE, FL 32309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peace, Vickie 9540 Oak Hollow Tr. Tallahassee, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSTERBYE, ROSALIND 9601 MICCOSUKEE RD #39 TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Malvern, Mo 9601 Miccosukee Rd #80 Tallahassee, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DATON, LINDA 9601 MICCOSUKEE RD #25 TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Deaton, Linda 9601 Miccosukee Rd #25 Tallahassee, FL 32309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUEST, DAVID 9601-51 MICCOSUKEE RD TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Brightbill, Jane 9601 Miccosukee Rd #9 Tallahassee, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLOGG, KATHY 9601 MICCOSUKEE RD #48 TALLAHASSEE, FL 32309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: Linda Deaton 4/26/05 850 877-6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #