FILED
Apr 28, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000002637

1. Entity Name
NEVADA LAND COMPANY, INC.

Principal Place of Business
125 DAUGHERTY DRIVE, SUITE 400
MONROEVILLE, PA 15146

Mailing Address
125 DAUGHERTY DRIVE, SUITE 400
MONROEVILLE, PA 15146

04162005 No Chg-P CR2E004 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1859697
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN ST., STE. 2100
TAMPA, FL 33602

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICER AND DIRECTOR

TITLE	PVST
NAME	COSTA, MARY ELLEN
STREET ADDRESS	125 DAUGHERTY DRIVE, SUITE 400
CITY-ST-ZIP	MONROEVILLE, PA 15146
TITLE	CD
NAME	COSTA, MARY ELLEN
STREET ADDRESS	125 DAUGHERTY DRIVE, SUITE 400
CITY-ST-ZIP	MONROEVILLE, PA 15146
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/05-80071-021 150.00

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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: Mary Ellen Costa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #