2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P02000065305

Entity Name: SESSIONS LAND CLEARING, INC.

Current Principal Place of Business:

6953 TRAMMEL DR
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6953 TRAMMEL DR
MILTON, FL 32570

New Mailing Address:

FEI Number: 71-0889827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SESSIONS, SCOTT R
6953 TRAMMEL DR
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SESSIONS, SCOTT R
Address: 6953 TRAMMEL DR
City-St-Zip: MILTON, FL 32570

Title: D (X) Delete
Name: SESSIONS, JAMES D
Address: 7008 TRAMMEL DRIVE
City-St-Zip: MILTON, FL 32570

Title: VD ( ) Delete
Name: SESSIONS, KRISTIE
Address: 6953 TRAMMEL DRIVE
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: MORRISON, ROBERT L
Address: 6401 LONG STREET
City-St-Zip: MILTON, FL 32570 US

Title: D ( ) Delete
Name: PACK, RANDALL L
Address: 6953 TRAMMEL DRIVE
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: SONES, PRESTON
Address: 6432 GAYNELL AVE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SESSIONS, KRISTIE J
Address: 6953 TRAMMEL DRIVE
City-St-Zip: MILTON, FL 32570

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIE J SESSIONS VD 10/13/2009

Electronic Signature of Signing Officer or Director — Date