2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000126721

FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90234 020 ***150.00

1. Entity Name FOX LAND C	COMPANY	· ·					
Principal Place of Business Address						F 0	1045.
4776 NEW BROAD ST 4776 NEW BROAD ST				İ	50017013		
250 250 ORLANDO, FL 32814 ORLANDO, FL 32814				İ			
UKLANDU, FL 32	2014	ORLANDO, FL 32814			1800 B180 8100 8800 B	HELDIGER HAND SHIR TERES	1871 ((11894)) (886
Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112006	Chg-P	CR2E034 (11	/05)
City & State		City & State		4. FEI Numbi 20-163			Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
6.	. Name and Address of Current R	egistered Agent		7. Name and	Address of New I	Registered Agent	
signaturesignat		d title if applicable. (NOTE:	City egistered office or Registered Agent elignature	ddress (P.O. Box Numb 4776 NEW BR SUITE ORLANDO, registered agent, or bo re required when reinstating) \$5.00 May Be Added to Fees	OAD STREET 250 FL 32814	FL Zip	Code with, and accept
10.	OFFICERS AND D		1 11.	ADDITIONS	CHANCES TO DES	FICERS AND DIREC	TORC IN 14
TITLE D	OFFICERS AND D	Delete	TITLE	ADDITIONS)	CHANGES TO OFF	-ICERS AND DIREC	
	DOWIN, LARRY	L. Delete	NAME	1776 N	. Dward C	-	wide C Vadilion
	30 PALMETTO AVE		STREET ADDRESS		Broad S		
CITY-ST-ZIP WIN	NŢER PARK, FL 32789		CITY-S1-ZIP	Orlando,	FL 3281	14	
TITLE		☐ Delete	TRLE			Cha	ange 🔲 Addition
NAME 1	de so		NAME				
STREET ADDRESS*			STREET ADDRESS CITY-ST-ZIP				
· lifte		☐ Dulete	11165			☐ Cha	ange Addition
NAME	, Mr.		NAME.				
STREET ADDRESS <	- S. Ellen C. C. S. Long		STREET ADDRESS				

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 true tee 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.

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NAME STREET ADDRESS

NAME

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TO

Daytime Phone #

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