2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 503080

1. Entity Name

THE WINTER PARK LAND COMPANY



Principal Place of Business

122 PARK AVE S P.O. BOX 40 (ZIP 32790) WINTER PK, FL 32789 Mailing Address

122 PARK AVE S P.O. BOX 40 (ZIP 32790) WINTER PK, FL 32789

FILED Feb 07, 2005 8:00 am Secretary of State

02-07-2005 90056 039 ***150.00



DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1670459

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, RICHARD M. 1233 SECRETARIAT PL. CHULUOTA, FL 32766

DO NOT WRITE

		,					
	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	tered office or registr	ered agent, or both, in	the State of Florida. I am fan	iliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE: Regis	tered Agent signature require	ed when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Ci Trust Fund			nancing \$5	5.00 May Be deed to Fees			
10.	OFFICERS AND DIREC	TORS	with the state of the state of		THE PARTY OF THE PARTY.	PICE THE HOUSE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD STRAUSS, RICHARD M. 1233 SECRETARIAT PLACE CHULUOTA, FL	· .			William Control		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, HAROLD A III 250 PARK AVENUE SOUTH WINTER PARK, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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:

NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005

407-644-0555

taent

Daytime Phone #