2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 184515

1. Entity Name
FIVE POINTS LAND CO., INC.

Principal Place of Business	Mailing Address
PO BOX 801 ST PETERSBURG, FL 33731	PO BOX 801 ST PETERSBURG, FL 33731

02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0870600

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOND,WILLIAM
200 BEACH DRIVE NE
UNIT 1
ST PETERSBURG, FL 33701

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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, 2004 Fee will be $550.00

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

000000071678
040301A04-80079-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELLENEY, LINDA B
STREET ADDRESS	301 2ND ST NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	VD
NAME	CODDING, RICHARD J
STREET ADDRESS	550 SOUTH HOPE STREET
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	STD
NAME	BOND, WILLIAM JR
STREET ADDRESS	200 BEACH DRIVE NE UNIT 1
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	D
NAME	BOND, WILLIAM SR
STREET ADDRESS	800 34TH AVENUE NORTH
CITY-ST-ZIP	ST PETE, FL 33701
TITLE	D
NAME	BOND, SAMUEL
STREET ADDRESS	ONE BEACH DRIVE #814
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	D
NAME	BOND, GARY G
STREET ADDRESS	100 BEACH DRIVE NE #901
CITY-ST-ZIP	ST PETERSBURG, FL 33701

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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: _____ 2-13-04 727-822-3626
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #