

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184515

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: FIVE POINTS LAND CO., INC.

## Current Principal Place of Business:

PO BOX 801  
ST PETERSBURG, FL 33731

## New Principal Place of Business:

4695 ALISA CIRCLE NE  
ST PETERSBURG, FL 33703

## Current Mailing Address:

PO BOX 801  
ST PETERSBURG, FL 33731

## New Mailing Address:

FEI Number: 59-0870600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MELLENEY, LINDA B  
Address: 301 2ND ST NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: VD ( ) Delete  
Name: CODDING, RICHARD J  
Address: 550 SOUTH HOPE STREET  
City-St-Zip: LOS ANGELES, CA 90071

Title: STD ( ) Delete  
Name: BOND, WILLIAM JR  
Address: 200 BEACH DRIVE NE UNIT 1  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: BOND, WILLIAM SR  
Address: 800 34TH AVENUE NORTH  
City-St-Zip: ST PETE, FL 33701

Title: D ( ) Delete  
Name: BOND, SAMUEL  
Address: ONE BEACH DRIVE #814  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: BOND, CARY G  
Address: 100 BEACH DRIVE NE #901  
City-St-Zip: ST PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: WILLIAM BOND, JR

MR.

01/23/2007

Electronic Signature of Signing Officer or Director

Date