

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184515

Entity Name: FIVE POINTS LAND CO., INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

4695 ALISA CIRCLE NE
ST PETERSBURG, FL 33703

New Principal Place of Business:

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:

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Name:
Address:
City-St-Zip:

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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: WILLIAM BOND JR

MR.

03/19/2008

Electronic Signature of Signing Officer or Director

Date