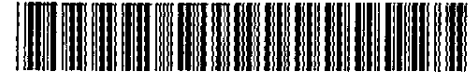


2006 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 218309					
1. Entity Name LAIRD LAND COMPANY					
Principal Place of Business 645 MULBERRY AVE. P.O.BOX 1908 PANAMA CITY FL 32402			Mailing Address 645 MULBERRY AVE. P.O.BOX 1908 PANAMA CITY FL 32402		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LAIRD, WALLACE H., JR. 645 MULBERRY AVE P.O.BOX 1908 PANAMA CITY FL 32402				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	NEWTON, MARTHA		NAME		
STREET ADDRESS	645 MULBERRY AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32402		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change	☐ Add
NAME	LAIRD, JOHN S		NAME		
STREET ADDRESS	645 MULBERRY AVE.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32402		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	LAIRD, WALLACE H., JR.		NAME		
STREET ADDRESS	645 MULBERRY AVE.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32402		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **59-0948252** Applied For ☐ Not Applied ☐

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

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

UN0000467260
03/23/06-00043-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: **W. H. LAIRD JR.** *[Signature]* **3-10-06 850-265-0665**