2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 218309

Entity Name: LAIRD LAND COMPANY

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

645 MULBERRY AVE. 645 MULBERRY AVE PANAMA CITY, FL 32401 P.O.BOX 1908 PANAMA CITY, FL 32402

Current Mailing Address: New Mailing Address:

645 MULBERRY AVE. P O BOX 1908

P.O.BOX 1908 PANAMA CITY, FL 32402 PANAMA CITY, FL 32402

FEI Number: 59-0948252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAIRD, WALLACE H., JR. SALE, JR., THOMAS ATTY 602 HARRISON AVENUE 645 MÚLBERRY AVE P.O.BOX 1908 SUITE ONE PANAMA CITY, FL 32402 US PANAMA CITY, FL 32401 US

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: THOMAS SALE, JR. 04/21/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition NEWTON, MARTHA LAIRD, JOHN S Name: Name:

645 MULBERRY AVE 645 MULBERRY AVE Address: Address: City-St-Zip: PANAMA CITY, FL 32402 City-St-Zip: PANAMA CITY, FL 32401

Title: VPD Title: DST () Delete (X) Change () Addition LAIRD, JOHN S Name: Name: NEWTON, MARTHA L

645 MULBERRY AVE. 645 MULBERRY AVE Address: Address: PANAMA CITY, FL 32402 PANAMA CITY, FL 32401 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: SD LAIRD, WALLACE H., JR. LAIRD, BOBBIE J Name: Name:

645 MULBERRY AVE. 719 RADCLIFF AVE Address: Address: City-St-Zip: PANAMA CITY, FL 32402 City-St-Zip: LYNN HAVEN, FL 32444

Title: () Delete Title: () Change (X) Addition

HITCHCOCK, PATRICIA L Name: Address: Address: 645 MULBERRY AVENUE City-St-Zip: City-St-Zip: PANAMA CITY, FL 32401

Title: Title: () Change (X) Addition () Delete

FOSTER, DOROTHY L Name: Name: Address: Address: 645 MULBERRY AVENUE City-St-Zip: City-St-Zip: PANAMA CITY, FL 32401

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: BOBBIE JEAN LAIRD SD 04/21/2009