

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 253688**

1. Entity Name

MORE LAND COMPANY.



Principal Place of Business

MARY LOU JACKSON  
734 DOWNS AVE  
TAMPA FL 33617

Mailing Address

MARY LOU JACKSON  
734 DOWNS AVE  
TAMPA FL 33617

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number  
59-0953130

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, MARY LOU  
734 DOWNS AVE  
TEMPLE TERRACE FL 33617

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

*Mary Lou Jackson*  
Signature typed or printed name of registered agent and title if applicable

*(No Changes)*  
(NOTE: Registered Agent signature required when reinstating)

*Feb 2, 2006*  
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

TITLE PD ☐ Delete  
NAME JACKSON, MARY LOU  
STREET ADDRESS 734 DOWNS AVE  
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE D ☐ Delete  
NAME LEHEUP, JAY MATTHEW  
STREET ADDRESS 734 DOWNS AVENUE  
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE V ☐ Delete  
NAME LEHEUP, JOHN D  
STREET ADDRESS 734 DOWNS AVE  
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE V ☐ Delete  
NAME LEHEUP, WM. ANDREW  
STREET ADDRESS 734 DOWNS AVE  
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS 000000424708  
CITY-ST-ZIP 02/18/05-80064-002 150.00

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mary Lou Jackson* *Mary Lou Jackson* 2/1/06 813-988-33  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #