


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM
Secretary of State

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # 258447 | |  | |
| 1. Entity Name AMERICAN LAND CORP | | | |
| Principal Place of Business 10691 N. KENBALL DR SUITE 108 MIAMI FL 33176 | | Mailing Address 10691 N. KENBALL DR SUITE 108 MIAMI FL 33176 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-0992041 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STECHMANN, ROBERT A 10691 N. KENDALL DR SUITE 108 MIAMI FL 33176 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STECHMANN, ROBERT A 10691 N KENDALL DR # 108 MIAMI FL 33176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000064965 02/25/04-80017-005 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STECHMANN, ANN 10691 N KENDALL DR # 108 MIAMI FL 33176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Stechmann **2/23/04** **305-5986253**