

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 266310

Entity Name: THOMAS LAND CO

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

4301-4311 W. KENNEDY BLVD.  
ALSO 4211-4213 W. KENNEDY BLVD.  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

9051 ROSALYN GLEN RD.  
CORNELUIS, NC 28031 US

## New Mailing Address:

FEI Number: 59-1160431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTGOMERY, CHARLEEN S  
3110 WEST POWHATTAN  
TAMPA, FL 33614 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: V ( ) Delete  
Name: BUSCIGLIO, KAREN M,  
Address: POST OFFICE BOX 1561  
City-St-Zip: KILL DEVIL HILLS, NC 27948

Title: PD ( ) Delete  
Name: MONTGOMERY, CHARLEEN  
Address: 3110 W. POWHATTAN AVE  
City-St-Zip: TAMPA, FL 336014

Title: S ( ) Delete  
Name: BUSCIGLIO, KELLY  
Address: 3215 NASSAU ST  
City-St-Zip: TAMPA, FL 33607

Title: T ( ) Delete  
Name: DOERR, ROBIN A  
Address: 1403 HARVEY AVENUE  
City-St-Zip: BERWYN, IL 60402

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: BUSCIGLIO, KAREN M,  
Address: 1148 HARBOURVIEW DRIVE  
City-St-Zip: KILL DEVIL HILLS, NC 27948

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DOERR, ROBIN A  
Address: 381 NORTH YORK, SUITE 1  
City-St-Zip: ELMHURST, IL 60126

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: CHARLEEN S. MONTGOMERY

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date