

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 305029	
1. Entry Name MODEL LAND COMPANY	

Principal Place of Business THE BREAKERS HOTEL, ONE SO. COUNTY ROAD ONE SOUTH COUNTY RD PALM BEACH, FL 33480 US	Mailing Address THE BREAKERS HOTEL, ONE SO. COUNTY ROAD ONE SOUTH COUNTY RD PALM BEACH, FL 33480 US
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DO NOT WRITE IN THIS SPACE

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0305029	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONE, PAUL N.
C/O THE BREAKERS HOTEL
ONE SOUTH COUNTY ROAD
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KENAN, JAMES G., III 212 BARROW ROAD LEXINGTON, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILMURRAY, ALEX 17278 GULF PINES CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONE, PAUL N ONE S COUNTY RD PALM BEACH, FL 33400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/06-80024-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 561-6556611
Date Daytime Phone #