


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90043 047 ***150.00

DOCUMENT # 336071					
1. Entity Name FAN LAND CORPORATION					
Principal Place of Business 1420 HORSESHOE CREEK ROAD DAVENPORT, FL 33837			Mailing Address 1420 HORSESHOE CREEK ROAD DAVENPORT, FL 33837		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		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		
GLASS, CHARLES E 1420 HORSE CREEK RD. DAVENPORT, FL 33837			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERLIN, FREDDIE J.		NAME		
STREET ADDRESS	PINK APT. RD.		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33836		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS, CHARLES E.		NAME		
STREET ADDRESS	1420 HORSESHOE CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONROY, ANDREW J		NAME		
STREET ADDRESS	5051 VARTY ROAD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONROY, BRENDA L		NAME		
STREET ADDRESS	1 HOLLY HILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33836		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERLIN, JACKQUELINE C		NAME		
STREET ADDRESS	PINK APT RD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33836		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS, VIRGINIA M		NAME		
STREET ADDRESS	1420 HORSESHOE CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP		
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: <u>Charles E Glass</u>		Charles E Glass		1/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		863 422 1879	
				Daytime Phone #	