

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90045 023 ***150.00

DOCUMENT # 356438

1. Entity Name

WEST AUGUSTINE LAND CO.



Principal Place of Business

% JOE GERLAK PRES
5815 S HWY A1A
MELBOURNE BEACH FL 32951

Mailing Address

5815 S A1A
MELBOURNE BEACH FL 32951
US

2. Principal Place of Business - No P.O. Box #

JOE Gerlak

3. Mailing Address

SAME

Suite, Apt. #, etc.

5815 So. A1A Hwy.

Suite, Apt. #, etc.

City & State

Melbourne Bch, FLA.

City & State

Zip

32951

Country

Brevard

Zip

32951

Country

4. FEI Number

59-1277572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERLAK, JOSEPH G
5815 S HWY A1A
MELBOURNE BEACH FL 32951

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

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, 2007 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: P ☐ Delete
NAME: GERLAK, JOSEPH G
STREET ADDRESS: 5815 S A1A
CITY - ST - ZIP: MELBOURNE BEACH FL

TITLE: V ☐ Delete
NAME: MILLER, RON E.
STREET ADDRESS: 1209 GERERAL POINT TRACE
CITY - ST - ZIP: PALM BEACH GARDENS FL

TITLE: ST ☐ Delete
NAME: GERLAK, JOYCE
STREET ADDRESS: 5815 S A1A
CITY - ST - ZIP: MELBOURNE BEACH FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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 ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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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:

Marilyn Joyce Gerlak M. Joyce Gerlak 2/23/07 321-725-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #