

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90027 046 ***150.00

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1. Entity Name
FLORIDA TERRITORIAL LAND COMPANY



Principal Place of Business

101 TIMBERLACHEN
SUITE #202
LAKE MARY, FL 32746

Mailing Address

P.O. BOX 2259
LAKE MARY, FL 32795-2259

0001000



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1535786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMPION, C JONATHAN
101 TIMBERLACHEN CIRCLE
SUITE # 202
LAKE MARY, FL 32746

**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, 2005 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
CD
CHAMPION, C. JONATHAN
22420 E STATE RD 44
EUSTIS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CHAMPION, JULIE MILAM
22420 E STATE RD 44
EUSTIS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHAMPION, CHARLES J JR
464 SUN LAKE CIRCLE #304
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHAMPION, BENJAMIN L
4214 CLOVERLEAF PLACE
CASSELBERRY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHAMPION, CHARLES J JR
101 TIMBERLACHEN CIRCLE #202
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

2/16/05

407-330-2120