

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90024 042 ***150.00

DOCUMENT # 545089		
1. Entity Name R. L. B. LAND CORPORATION		

Principal Place of Business 6100 POINTE WEST BLVD. W. BRADENTON, FL 34209	Mailing Address 6100 POINTE WEST BLVD. W. BRADENTON, FL 34209
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24024009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1767606	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
QUINLAN, JOHN V 1401 MANATEE AVE. WEST SUITE 920 BRADENTON, FL 34205	

7. Name and Address of New Registered Agent	
Name Merritt A. Gardner	
Street Address (P.O. Box Number is Not Acceptable) 401 E. Jackson Street, Ste. 2400	
City Tampa, Florida	FL Zip Code 33602

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	Merritt A. Gardner, Agent	March 15, 2004
(NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D CALABRIA, DOMINICK A 6100 POINT WEST BLVD. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PD SANCHEZ, EJ 6100 POINTE WEST BLVD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D HASARA, LAWRENCE C 6100 POINTE W. BLVD. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete STD SAEF, JEROLD L 6100 POINTE WEST BLVD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D MEHANNY, SHERIF 6100 POINTE WEST BLVD. W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:	E.J. Sanchez	3-3-04	941 792-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #