

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567363

FILED
Apr 25, 2005
Secretary of State

Entity Name: HERNANDO LAND COMPANY, INC.

Current Principal Place of Business:

9107 LINGROVE ROAD
WEEKI WACHEE, FL 34613

New Principal Place of Business:

9107 LINGROVE ROAD
WEEKI WACHEE, FL 34613 US

Current Mailing Address:

61 NASCOT WOOD ROAD,
WATFORD, HERTS WD17 4SJ
UNITED KINGDOM, XX

New Mailing Address:

61 NASCOT WOOD ROAD,
WATFORD, HERTS WD17 4SJ
UNITED KINGDOM, HT WD17 4SJ UK

FEI Number: 98-0062778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, O. CLINTON
4084 COMMERCIAL WAY
SPRING HILL, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORTH, CLIFFORD D.R.
Address: 61 NASCOT WOOD ROAD
City-St-Zip: WATFORD HERTS, UK WD17 4SJ UK

Title: VD () Delete
Name: NORTH, DOROTHY E
Address: 61 NASCOT WOOD ROAD
City-St-Zip: WATFORD HERTS, UK WD17 4SJ UK

Title: D () Delete
Name: NORTH, STEPHANIE Z.E.
Address: 9 BERKELEY CLOSE
City-St-Zip: ABBOTTS LANGLEY HERTS, UK WD5 0NS UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD D.R NORTH

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date