


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90036 044 ***150.00

DOCUMENT # 654726	
1. Entity Name T. & P. LAND, INC.	

Principal Place of Business 1482 MAIN STREET P O BOX 277 CHIPLEY, FL 32428 US	Mailing Address 1482 MAIN STREET P O BOX 277 CHIPLEY, FL 32428 US
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34047407



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

02222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2029087	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PIERCE, FRANK A. 1482 MAIN STREET CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name Marsha Mongoven Street Address (P.O. Box Number is Not Acceptable) 1482 Main St. P. O. Box 277 City Chipley FL Zip Code 32428	
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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 Marsha Mongoven, President *Marsha Mongoven* DATE 4/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIERCE, FRANK A.		NAME Mongoven, Marsha	
STREET ADDRESS 1001 HIGHWAY 77, SOUTH		STREET ADDRESS 1482 Main St.	
CITY-ST-ZIP CHIPLEY, FL		CITY-ST-ZIP Chipley, FL 32428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIERCE, DOROTHY L.		NAME	
STREET ADDRESS 1001 HIGHWAY 77, SOUTH		STREET ADDRESS	
CITY-ST-ZIP CHIPLEY, FL		CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONGOVEN, MARSHA		NAME	
STREET ADDRESS 1001 HIGHWAY 77, SOUTH		STREET ADDRESS	
CITY-ST-ZIP CHIPLEY, FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Marsha Mongoven, President *Marsha Mongoven* DATE 4/1/04 850-638-7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #