

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654726

Entity Name: T. & P. LAND, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

1482 MAIN STREET
P O BOX 277
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

1482 MAIN STREET
P O BOX 277
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number: 59-2029087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONOGOVEN, MARSHA
1482 MAIN STREET
PO BOX 277
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

MONOGOVEN, MARSHA
1482 MAIN STREET
PO BOX 277
CHIPLEY, FL 32428 US

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: MARSHA P. MONGOVEN

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONGOVEN, MARSHA
Address: 1482 MAIN ST
City-St-Zip: CHIPLEY, FL 32428

Title: VP () Delete
Name: PIERCE, DOROTHY L.
Address: 1001 HIGHWAY 777, SOUTH
City-St-Zip: CHIPLEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARSHA P. MONGOVEN

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date