

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90268 029 \*\*\*150.00

**DOCUMENT # 696557**

1. Entity Name

CO-OPERATIVE LAND, INC.



Principal Place of Business

9601 MICCOSUKEE RD #23A  
TALLAHASSEE FL 33208

Mailing Address

9601 MICCOSUKEE RD #23A  
TALLAHASSEE FL 33208

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2165368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN AND FONVIELLE, P.A.  
1017 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing:  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete  
NAME DEATON, LINDA  
STREET ADDRESS 9601 MICCOSUKEE RD #25  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE P ☐ Delete  
NAME ROSE, KELLEY  
STREET ADDRESS 9601 MICCOSUKEE RD #47  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE SD ☐ Delete  
NAME RYCHLIK, SARAH  
STREET ADDRESS 9601 MICCOSUKEE RD #68  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete  
NAME LYONS, JUDITH  
STREET ADDRESS 9601 MICCOSUKEE RD #56  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS ED DEATON  
CITY-ST-ZIP 9601 MICCOSUKEE RD #25  
TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Ed Deaton* ED DEATON, Pres

Date

Daytime Phone #

4/25/04