

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90004 011 \*\*\*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**



05192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS --**

TITLE	T
NAME	DEATON, LINDA
STREET ADDRESS	9601 MICCOSUKEE RD #25
CITY - ST - ZIP	TALLAHASSEE, FL 32309
TITLE	P
NAME	DEATON, ED
STREET ADDRESS	9601 MICCOSUKEE RD #25
CITY - ST - ZIP	TALLAHASSEE, FL 32309
TITLE	SD
NAME	RYCHLIK, SARAH
STREET ADDRESS	9601 MICCOSUKEE RD #68
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	D
NAME	LYONS, JUDITH
STREET ADDRESS	9601 MICCOSUKEE RD #56
CITY - ST - ZIP	TALLAHASSEE, FL 32309
TITLE	T
NAME	Meghan Wozniak
STREET ADDRESS	9601 Miccosukee Rd #89
CITY - ST - ZIP	Tallahassee, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *M. Wozniak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/05* *224-7775*  
Date Daytime Phone #