


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90098 044 \*\*\*150.00

<b>DOCUMENT # 696557</b> 1. Entity Name <b>CO-OPERATIVE LAND, INC.</b>					
Principal Place of Business <b>9601 MICCOSUKEE RD #23A TALLAHASSEE, FL 32309</b>			Mailing Address <b>9601 MICCOSUKEE RD #23A TALLAHASSEE, FL 32309</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>59-2165368</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required.</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MCGRATH, KELLY ESQ 11010 BLACK CREEK LN TALLAHASSEE, FL 32309</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEATON, LINDA</b> <b>9601 MICCOSUKEE RD #25</b> <b>TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RYCHLIK, MICHAEL</b> <b>9601 MICCOSUKEE RD 68</b> <b>TALLAHASSEE, FL 32309</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FRESE, Hermann</b> <b>9601-32 miccosukee rd</b> <b>Tallahassee, FL 32309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RYCHLIK, SARAH</b> <b>9601 MICCOSUKEE RD #68</b> <b>TALLAHASSEE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LYONS, JUDITH</b> <b>9601 MICCOSUKEE RD #56</b> <b>TALLAHASSEE, FL 32309</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NCKYSJET, TOM</b> <i>incorrect spelling</i> <b>3901 IMAGINARY RD</b> <b>TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>McCluskey, Tom</b> <i>(correction of spelling)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>4/30/07</b> <b>850-878-0414</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					



**ATTACHMENT**  
**Division of Corporations** 40101081

**Annual Report**

Annual Report Help

Document Number  
**696557**  
Business Entity Name  
**CO-OPERATIVE LAND, INC.**

FEI Number	592165368		
FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes No		

**Principal Place of Business**

Address 9601 MICCOSUKEE RD #23A  
Suite, Apt. #, etc.  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

**Mailing Address**

Address 9601 MICCOSUKEE RD #23A  
Suite, Apt. #, etc.  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) MCGRATH, KELLY, ESQ

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 11010 BLACK CREEK LN

Suite, Apt. #, etc.

City, State TALLAHASSEE, FL

Zip Code & Country 32309 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40101081

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

### Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) DEATON, LINDA

- OR -

Entity Name to serve as Officer/Director

Street Address 9601 MICCOSUKEE RD #25  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

Title P  
Name (Last, First, Middle, Title) RYCHLIK, MICHAEL *Frost Hermann*

- OR -

Entity Name to serve as Officer/Director

Street Address 9601 MICCOSUKEE RD <sup>32</sup> #68  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

Title SD  
Name (Last, First, Middle, Title) RYCHLIK, SARAH

- OR -

Entity Name to serve as Officer/Director

Street Address 9601 MICCOSUKEE RD #68  
City, State TALLAHASSEE, FL  
Zip Code & Country

Title D

Name (Last, First, Middle, Title)

LYONS

JUDITH

- OR -

Entity Name to serve as  
Officer/Director

Street Address

9601 MICOOSUKEE RD #56

City, State

TALLAHASSEE, FL

Zip Code & Country

32309

Title

Name (Last, First, Middle, Title)

T McWiskey  
NICKYSET, TOM

- OR -

Entity Name to serve as  
Officer/Director

Street Address

3901 IMAGINARY RD

City, State

TALLAHASSEE, FL

Zip Code & Country

32309

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Director  
[Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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