

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 035 ***150.00

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1. Entity Name
CO-OPERATIVE LAND, INC.



Principal Place of Business
9601 MICCOSUKEE RD #23A
TALLAHASSEE, FL 32309

Mailing Address
9601 MICCOSUKEE RD #23A
TALLAHASSEE, FL 32309



02112008 No Chg-P CR2E034 (11/05)

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

MCGRATH, KELLY ESQ
11010 BLACK CREEK LN
TALLAHASSEE, FL 32309

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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

TITLE P
NAME FRESE, HERMANN
STREET ADDRESS 9601-32 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE, FL 32309

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

TITLE T
NAME MCCLUSKEY, TOM
STREET ADDRESS 3901 IMAGINARY RD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Linda Deaton Linda Deaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08 (850) 877-6628

Date

Daytime Phone #