

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90024 024 ****61.25

DOCUMENT # 748059

1. Entity Name

HISTORIC LAKE LAND, INC.



Principal Place of Business

P O BOX 3347
LAKE LAND FL 33802

Mailing Address

P O BOX 3347
LAKE LAND FL 33802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1997389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALLESS, JAMES
845 MISSISSIPPI AVE
LAKE LAND FL 33807

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

James B. Malless

James B. Malless Pres. 2/9/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MALLESS, JIM	
STREET ADDRESS	845 MISSISSIPPI AVE	
CITY- ST- ZIP	LAKE LAND FL 33801	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, DAMON	
STREET ADDRESS	142 LAKE MORTON DR.	
CITY- ST- ZIP	LAKE LAND FL 33801	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, RUTH E	
STREET ADDRESS	1622 CALDWELL ST.	
CITY- ST- ZIP	LAKE LAND FL 33802	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, RUTH E	
STREET ADDRESS	1622 CALDWELL ST.	
CITY- ST- ZIP	LAKE LAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd Christian	
STREET ADDRESS	3015 Buckingham Ave.	
CITY- ST- ZIP	LAKE LAND FL 33803	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duke Chockwell	
STREET ADDRESS	723 Success	
CITY- ST- ZIP	LAKE LAND FL 33801	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Hatten C/O FSL	
STREET ADDRESS	111 Lake Hollingsworth Dr	
CITY- ST- ZIP	LAKE LAND FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

2. 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 617, 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:

James B. Malless *James B. Malless* *2/9/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863
838-9686