

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001328

Entity Name: AULD LAND SYNE, INC.

FILED  
May 23, 2006  
Secretary of State

## Current Principal Place of Business:

87 S. FLETCHER AVE.  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

## Current Mailing Address:

87 S. FLETCHER AVE.  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

FEI Number: 58-1688526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AULD, PAUL A  
87 S. FLETCHER AVENUE  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

AULD, PAUL  
87 S. FLETCHER AVENUE  
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE: PAUL AULD

05/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: AULD, EUJANEY E  
Address: 87 S. FLETCHER AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S (X) Delete  
Name: AULD, MELINDA K  
Address: 87 S. FLETCHER AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: P (X) Delete  
Name: AULD, PAUL A  
Address: 87 S. FLETCHER AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOMANS, JOSEPH  
Address: 125 MAPLE STREET  
City-St-Zip: GAINESVILLE, GA 30501

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HOMANS

P

05/23/2006

Electronic Signature of Signing Officer or Director

Date