

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006019

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOUTH FT. MEADE LAND MANAGEMENT, INC.

Current Principal Place of Business:

3033 CAMPUS DRIVE
SUITE E490, TAX DEPARTMENT
PLYMOUTH, MN 554412651 US

New Principal Place of Business:

Current Mailing Address:

3033 CAMPUS DRIVE
SUITE E490, TAX DEPARTMENT
PLYMOUTH, MN 554412651 US

New Mailing Address:

FEI Number: 59-3346142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PROKOPANKO, JAMES T
Address: 3033 CAMPUS DRIVE, SUITE E490
City-St-Zip: PLYMOUTH, MN 554412651

Title: VPD () Delete
Name: STRANGHOENER, LAWRENCE W
Address: 3033 CAMPUS DRIVE, SUITE E490
City-St-Zip: PLYMOUTH, MN 554412651

Title: VP () Delete
Name: MADDEN, TODD W
Address: 3033 CAMPUS DRIVE, SUITE E490
City-St-Zip: PLYMOUTH, MN 554412651

Title: VPD () Delete
Name: DAVIS, GARY N
Address: 3095 HIGHWAY 640 WEST
City-St-Zip: MULBERRY, FL 33860

Title: VPSD () Delete
Name: MACK, RICHARD L
Address: 3033 CAMPUS DRIVE, SUITE E490
City-St-Zip: PLYMOUTH, MN 554412651

Title: PD () Delete
Name: PINNEY, STEVEN L
Address: 5000 OLD HIGHWAY 37 SOUTH
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: TODD W. MADDEN

VP

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date