

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003349

Entity Name: STRATEGIC LAND, INC.

FILED
Mar 03, 2004
Secretary of State

Current Principal Place of Business:

1401 PEACHTREE STREET
SUITE 400
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

1401 PEACHTREE STREET
SUITE 400
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 58-1994346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CDP () Delete
Name: SIMPSON, A. BOYD
Address: 1401 PEACHTREE STREET, SUITE 400
City-St-Zip: ATLANTA, GA 30309

Title: VPST () Delete
Name: HARDY, CHRISTOPHER D
Address: 1401 PEACHTREE STREET, SUITE 400
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: A BOYD SIMPSON

CDP

03/03/2004

Electronic Signature of Signing Officer or Director

_____ Date