

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14343

FILED
Jun 07, 2005
Secretary of State

Entity Name: THE FLORIDA STOCK AND LAND COMPANY

Current Principal Place of Business:

ONE INDEPENDENT DR
STE 1600
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DR
STE 1600
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2266182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWER, E B
ONE INDEPENDENT DR
STE 600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BOWER, E B
ONE INDEPENDENT DR
STE 1600
JACKSONVILLE, FL 32202 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: E B BOWER

06/07/2005

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: CP () Delete
Name: BOWER, E. BRUCE
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: CRAWFORD, JOHN R.,
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: VST () Delete
Name: BOWER, MARY MILLER,
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: AV () Delete
Name: BOWER, MARY J
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: AV () Delete
Name: BOWER, BROOKE M
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: CRAWFORD, JOHN R
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: VST (X) Change () Addition
Name: BOWER, MARY M
Address: ONE INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

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: E B BOWER

CP

06/07/2005

Electronic Signature of Signing Officer or Director

Date