**12006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Feb 23, 2006 08:00 AM DOCUMENT # H22016 Secretary of State 1. Entity Name SMALLY FAMILY LAND CORP. Principal Place of Business Mailing Address 5216 LANDINGS BLVD SARASOTA FL 34231-9110 5216 LANDINGS BLVD SARASOTA FL 34231-9110 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2465881 Not Applicat Country Zο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEITL, WAYNE F. Street Address (P.O. Box Number is Not Acceptable) 3665 BEE RIDGE RD. **STE 300** SARASOTA FL 34233 City Zip Cade 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature regulted when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TOTE Acada: Change NAME SMALLY, DONALD J. NAME U00000443888 STREET ADDRESS 5216 LANDINGS BLVD. STREET ADDRESS 03/06/0C-60030**-**001 150.00 CITY-SI-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE Change And in MARKE SMALLY, LEONARD A. NAME STREET ADDRESS 2823 WILKINSON RD STREET ADDRESS CITY-SI-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE Delete TITLE DV ☐ Change ☐ Adata NAME MALLY, ALAN JON STREET ADDRESS 20 WARNER CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P GLASTONBURY CT 06033 TITLE Defete TITLE ☐ Change Accession NAMO SMALLY, RUTH J. NAME STREET ADDRESS 5216 LANDINGS BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP BILLE ☐ Delete ☐ Change ☐ 4... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C03Y - ST-7/P HILE 🗆 Delete TITLE Change 🔲 Addilio NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-27P

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 607, 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. DONALD I.SMALLY

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

SIGNATURE:

941 925 2292 2/18/06

FILED