

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90033 048 ***150.00

DOCUMENT # J67193

1. Entity Name
P.A.C. LAND DEVELOPMENT CORPORATION



Principal Place of Business 730 BONNIE BRAE ST 2281 LEE ROAD, SUITE 206 WINTER PARK, FL 32789 US	Mailing Address 730 BONNIE BRAE ST 2281 LEE ROAD, SUITE 206 WINTER PARK, FL 32789 US
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50001127



2. Principal Place of Business - No. P.O. Box # 730 BONNIE BRAE ST	3. Mailing Address 730 BONNIE BRAE ST
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State WINTER PARK, FL	City & State WINTER PARK, FL
Zip 32789	Zip 32789
Country USA	Country USA

01082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2803161	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAVANAUGH, THOMAS L 730 BONNIE BRAE STREET WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, THOMAS L. 1570 ELM AVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: THOMAS L. CAVANAUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 407-628-3065
Date Daytime Phone #