

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # J69190</b><br>1. Entity Name<br>FLORIDA LAND STUDIES, INC. |  |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                 |                                                     |
|-----------------------------------------------------------------|-----------------------------------------------------|
| Principal Place of Business<br>P O BOX 705<br>ORLANDO, FL 32802 | Mailing Address<br>P O BOX 705<br>ORLANDO, FL 32802 |
|-----------------------------------------------------------------|-----------------------------------------------------|



04302004 No Chg-P CF2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FB Number<br>59-2800368                                | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BRANDY, MONA M<br>348 BODIE AVE<br>LONGWOOD, FL 32750 |
|--------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

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

*N/A*

Signature, typed or printed name of registered agent on the back cover.

(Not to be signed by Agent or anyone else on behalf of the corporation.)

Date

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000149585  
05/03/04-80188-017 150.00

| 10. OFFICERS AND DIRECTORS                     |                                                              |
|------------------------------------------------|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRANDY, MONA M<br>P O BOX 705 N/A<br>ORLANDO, FL 32802 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 change, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mon M Brand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 (407)  
830-4020