


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J85954</b>	
1. Entity Name SUGAR LANDING, INC.	

Principal Place of Business % ROBERT WAYNE HARRINGTON ONE 63RD ST YANKEETOWN, FL 34498 US	Mailing Address PO BOX 189 YANKEETOWN, FL 34498 US
--	--



**DO NOT WRITE IN THIS SPACE**

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2812003	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  HARRINGTON, ROBERT WAYNE ONE 63RD ST YANKEETOWN, FL 32698	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRINGTON, ROBERT WAYNE ONE 63RD ST YANKEETOWN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRINGTON, LINDA ANN ONE 63RD ST YANKEETOWN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000359505  
05/04/05-80154-019 150.00

**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)(l), 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:** Linda A. Harrington v. p. 4/25/05 3524812311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #