

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02758

FILED
Apr 26, 2005
Secretary of State

Entity Name: BYLANDS PROPERTY CORPORATION

Current Principal Place of Business:

% LISA M. LUSK
2534 NE 9TH AVE. #1
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

% LISA M. LUSK
PO BOX 101725
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-0088860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSK, LISA M.
202 DEL PRADO BLVD.
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: BARTON, DAVID A.,
Address: 2534 NE 9TH AVE, 1
City-St-Zip: CAPE CORAL, FL 33909

Title: PTD () Delete
Name: BOZZARD, DAVID GEORG, E
Address: 305 ALAN AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D (X) Delete
Name: BOZZARD, KIM
Address: 305 ALLAN AVE
City-St-Zip: EVERGLADES, CI

Title: D () Delete
Name: BARTON, MARGARET
Address: 2534 NE 9TH AVE, 1
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARGARET BARTON

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date