


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # K42815 1. Entity Name THE COLONY LAND COMPANY	
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Principal Place of Business

% CHARLES EVANS
110 E. BROADWAY
OVIEDO, FL 32765

Mailing Address

% CHARLES EVANS
BOX 620460
OVIEDO, FL 32762 US



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2917400	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

EVANS, CHARLES, WM
110 E BROADWAY
OVIEDO, FL 32765

**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

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reconstituting)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EVANS, ARTHUR F.
STREET ADDRESS	110 BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32762
TITLE	D
NAME	EVANS, JOHN W., JR.
STREET ADDRESS	110 E. BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32762
TITLE	D
NAME	EVANS, CHARLES WM.
STREET ADDRESS	110 E. BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32762
TITLE	D
NAME	EVANS, DAVID L.
STREET ADDRESS	110 E. BROADWAY
CITY-ST-ZIP	OVEIDO, FL 32762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80041-018 150.00

**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)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04 407-365-9435