


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K42815</b> 1. Entity Name <b>THE COLONY LAND COMPANY</b>	
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Principal Place of Business <b>% CHARLES EVANS 110 E. BROADWAY OVIEDO, FL 32765</b>	Mailing Address <b>% CHARLES EVANS BOX 620460 OVIEDO, FL 32762 US</b>
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02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2917400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>EVANS, CHARLES, WM 110 E BROADWAY OVIEDO, FL 32765</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

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

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04/19/05-80059-023 150.00

**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: *Charles Evans* 4-11-05 407-365-9435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #