


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90345 038 ***150.00

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|--|-------|---|---------------------------------|------|-----------------------------|--|----------------|--------------------------|--|-----------------|------------------------|--|--|--|--|-------|------|--|------|---------------------------|--|----------------|-----------------------------|--|-----------------|-----------------------------|--|
| DOCUMENT # K65853 1. Entity Name PRO-LAND GROUP, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 24053 CORTEZ BLVD BROOKSVILLE, FL 34601 US | | | | Mailing Address 24053 CORTEZ BLVD BROOKSVILLE, FL 34601 US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 15324 Eastwood Trail Suite, Apt. #, etc. | | 3. Mailing Address 15324 Eastwood Trail Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Brooksville FL | | City & State Brooksville FL | | 4. FEI Number 59-2934925 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 34604 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MAWHORTER, EDWARD E 24053 CORTEZ BLVD BROOKSVILLE, FL 34601 | | | | 7. Name and Address of New Registered Agent Name Mawhorter Edward E Street Address (P.O. Box Number is Not Acceptable) 15324 Eastwood Trail City Brooksville FL Zip Code 34604 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>Edward E Mawhorter</u> DATE 4-22-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAWHORTER, EDWARD E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24053 CORTEZ BLVD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BROOKSVILLE, FL</td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | MAWHORTER, EDWARD E. | | STREET ADDRESS | 24053 CORTEZ BLVD | | CITY - ST - ZIP | BROOKSVILLE, FL | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Edward E Mawhorter</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15324 Eastwood Trail</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Brooksville FL 34604</td> <td></td> </tr> </table> | | | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Edward E Mawhorter | | STREET ADDRESS | 15324 Eastwood Trail | | CITY - ST - ZIP | Brooksville FL 34604 | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | MAWHORTER, EDWARD E. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 24053 CORTEZ BLVD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | BROOKSVILLE, FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | Edward E Mawhorter | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 15324 Eastwood Trail | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | Brooksville FL 34604 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Edward E Mawhorter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 4-22-08 352-796-6358 <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |