


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90018 046 ***150.00

DOCUMENT # K99009

1. Entity Name
RURAL LAND COMPANY, INC.



Principal Place of Business Mailing Address

8950 A1A S 8950 A1A S
 UNIT 408 UNIT 408
 ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 US

2. Principal Place of Business 3. Mailing Address

8000 A1A S. **8000 A1A S.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

201 **201**


City & State City & State

St Augustine, FL **St Augustine, FL**

Zip Zip Country Country

32080 **32080** **USA** **USA**

02182004 Chg-P CR2E034 (10/03)



4. FEI Number Applied For

59-2956279 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GANO, CHARLES P
8050 A1A S
UNIT 408
ST SUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

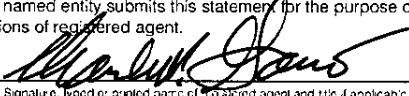
Name **GANO, Charles P.**

Street Address (P.O. Box Number is Not Acceptable)

8000 A1A S, # 201

City **St Augustine** FL Zip Code **32080**

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:  DATE: _____

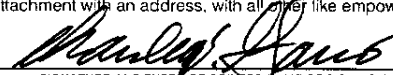
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANO, CHARLES P.	NAME	GANO, Charles P.
STREET ADDRESS	8050 A1A S UNIT 408	STREET ADDRESS	8000 A1A S. UNIT 201
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	CITY-ST-ZIP	St Augustine, FL 32080
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANO, ANNIE M.	NAME	GANO, ANNIE M.
STREET ADDRESS	8050 A1A S UNIT 408	STREET ADDRESS	8000 A1A S UNIT 201
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	CITY-ST-ZIP	St Augustine FL 32080
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 P. GANO** 02/18/04 (904) 460-9419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #