2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #K99009 1. Entity Name 03-22-2006 90022 044 ***150.00 RURAL LAND COMPANY, INC. Principal Place of Business Mailing Address 8000 A1A S. 8000 A1A S. 50004381 **UNIT 201 UNIT 201** ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080 US 2. Principal Place of Business 3. Maiting Address 7566 AIA 7566 AIA South Suite, Apt. #, etc Suite, Apt. #, etc. 03202006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number FL 32080 St. Augustine Avaustine. 59-2956279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charles GANO, CHARLES P 8000 A1A S. #201 **UNIT 408** 7566 AIA ST SUGUSTINE, FL 32080 FL Zip Code 32080 City St. Augustine B. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE CHARLES P. GANO ed Agent signature required when reinstating) 3-20-06 of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D ☐ Delete TITLE GANO, CHARLES P 7566 AIA SOUTH GANO, CHARLES P. NAME NAME STREET ADDRESS 8000 A1A S. UNIT 201 STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32080 St Augustine, FL 32080 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GANO, ANNIE M. 7566 AIA South GANO, ANNIE M. NAME NAME STREET ADDRESS 8000 A1A S. UNIT 201 STREET ADDRESS St. Augustine, FL 32080 CITY-ST-ZIP ST AUGUSTINE, FL 32080 CITY-ST-ZIP ☐ Delete TITLE TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 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 propowered. 3-20-06 904 460 9419 Datie Davime Phone

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Mar 22, 2006 8:00 am