



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # K99009 1. Entity Name RURAL LAND COMPANY, INC.	
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Principal Place of Business 7566 A1A SOUTH ST AUGUSTINE, FL 32080 US	Mailing Address 7566 A1A SOUTH ST AUGUSTINE, FL 32080 US
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2956279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GANO, CHARLES P
 7566 A1A SOUTH
 ST SUGUSTINE, FL 32080

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000831934
 02/27/08-80039-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GANO, CHARLES P. 7566 A1A SOUTH ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GANO, ANNIE M. 7566 A1A SOUTH ST AUGUSTINE, FL 32080
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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 ICG empowered.

SIGNATURE:  **CHARLES P. GANO** 02-13-08 904.460.9419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #