2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 09, 2004 8:00 am Secretary of State DOCUMENT # L01449 09-09-2004 90001 036 ***550.00 FLORIDA LAND GROUP, INC. Mailing Address Principal Place of Business 106 HATLEY ST S.E. PO BOX 191 JASPER, FL 32052 US JASPER, FL 32052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2974068 Not Applicable Country Country \$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 Name Vickie L. Ratliff RATLIFF, VICKIE L. Street Address (P.O. Box Number is Not Acceptable) 4466 US Highway South 14859 SE CR 137 JASPER, FL 32052 City Zip Code 32052 <u>Jasper</u> 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, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Ronald H. Ratliff ☐ Addition 🗶 Change NAME RATLIFF, RONALD H. NAME 4466 US Hwy. 41 S. STREET ADDRESS **14859 SE COUNTY ROAD 137** STREET ADDRESS CITY-ST-ZIP JASPER, FL 32052 CITY-ST-ZIP Jasper, FL 32052 Change TITLE Delete TITLE ■ Addition MOODY, JAMES M. NAME NAME STREET ADDRESS STREET ADDRESS 15000 COUNTY ROAD 6 EAST CITY-ST-ZIP JASPER, FL 32052 CITY-ST-7IP TITLE TITLE X7 Change Defete ☐ Addition RATLIFF, VICKIE L. NAME Vickie L. Ratliff STREET ADDRESS STREET ADDRESS 14859 SE COUNTY ROAD 137 4466 US Highway 41 S CITY-ST-ZIP JASPER, FL 32052 CITY-ST-ZIP Jasper, FL 32052 TITLE ☐ Detete TITLE ☐ Change ☐ 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 ΠħΕ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS 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.

KONALD H. RATUFF

SIGNATURE:

FILED

386-792-848