2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT #L37925 02-27-2006 90074 025 ***150.00 1. Entity Name TURTLE MOUND LANDING DEVELOPMENT COMPANY, INC Principal Place of Business Mailing Address 3115 DIXIE HWY NE 3115 DIXIE HWY NE PALM BAY, FL 32905 PALM BAY, FL 32905 2. Principal Place of Business 3. Mailing Address 3160 DIXIE 3160 DIXIE 02102006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For ALM PALM 59-2982817 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PENCE, ROY J. 3115 DIXIE HWY NE Street Address (P.O. Box Number is Not Acceptable) 3140 DIXIE HWY NIE PALM BAY, FL 32905 City PALM Zip Code 31905 BAY 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ Delete TITLE ☐ Change Addition EVANS, ARTHUR F III NAME NAME STREET ADDRESS 1668 W. HIBISCUS RD. STREET ADDRESS CITY-ST-7IP MELBOURNE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MEADLOCK, WESLEY J. NAME STREET ADDRESS 434 INDIAN CREEK DR STREET ADDRESS COÇOA BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition PENCE, ROY J. 🤼 NAME NAME 3160 DIXIE HWY N.E. STREET ADDRESS 3115 DIXIE HWY NE STREET ADDRESS CITY-SI-ZIP PALM BAY, FL CITY-ST-7IP PALM BAY FI. 32905 Delete TITLE П Спапое ■ Addition NAME NAMI-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 empowered.

FILED