## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L46808

1. Entity Name

CONSERVATION PROPERTIES, INCORPORATED



**FILED** Jul 10, 2006 8:00 am Secretary of State

07-10-2006 90025 031 \*\*\*150.00

50021920

NI THE

US

Principal Place of Business

Mailing Address

2507 CALLAWAY RD

2507 CALLAWAY RD

101

DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32303

TALLAHASSEE, FL 32303

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3126836

07052006

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACFARLAND, JAMES W. 2507 CALLOWAY RD, #101 TALLAHASSEE, FL 32303

## DO NOT WRITE IN THIS SPACE

3						
	named entity submits this statement for thions of registered agent	e purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	i Agent signatur	e required when reinstating)	DATE	
, и	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MACFARLAND, JAMES W. 2507 CALLOWAY RD 101 TALLAHASSEE, FL 32303					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACFARLAND, JAMES W. 2507 CALLOWAY RD 101 TALLAHASSEE, FL 32303					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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 raport 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 requirer 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SAMOSW. Na FARLAND