

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90071 048 ***150.00

DOCUMENT # L97619 1. Entity Name VARGAS LAND COMPANY, INC.						
Principal Place of Business 6707 NW 33RD STREET GAINESVILLE, FL 32653 US			Mailing Address 6707 NW 33RD STREET GAINESVILLE, FL 33653 US			
2. Principal Place of Business 415 NW 250 st. Suite, Apt. #, etc. Suite 3		3. Mailing Address 415 NW 250 st. Suite, Apt. #, etc. Suite 3				
City & State Newberry Fl.		City & State Newberry Fl.		4. FEI Number 59-3050865		
Zip 32669 Country US		Zip 32669 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VARGAS, ERNEST R. 6707 NW 33 ST SUITE B-3 GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent Name Vargas Ernest R Street Address 25115 NW 68 Lane City High Springs Fl. FL Zip Code 32643		
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 <u><i>Ernest R. Vargas</i></u> Ernest R. Vargas Pres. 1-6-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARGAS, ERNEST 6707 N.W. 33 STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Vargas Ernest 25115 NW 68 Lane High Springs Fl. 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, CHRISTOPHER H. 2905 NW 68 AVENUE GAINESVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vargas Christopher H 25303 NW 68 Lane High Springs Fla. 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEEFE, JULIA 3646 NW 84 DR GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)					
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.						
SIGNATURE: <u><i>Ernest R. Vargas</i></u> Ernest R. Vargas Pres. 1-6-04 352-472-1685 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						