


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M49322 1. Entity Name J. L. LAND DEVELOPMENT, INC.	
--	---

Principal Place of Business 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 US	Mailing Address 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 US
--	--



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-2754844	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JACK, BRANDON 130 EAST CENTRAL AVE LAKE WALES, FL 33853
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LEWO, JOE 101 SPANISH MOSS ROAD DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAM, SAM 101 SPANISH MOSS RD. DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SCOTT, MARK 101 SPANISH MOSS RD DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANDON, JACK 130 EAST CENTRAL AVE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GERALD, LOU 101 SPANISH MOSS RD DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000008194
01/20/04-80055-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  Gerald Lou ASST. SECRETARY	1/5/04 863-424-6000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>