

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M74990

Entity Name: LAND OF WAKULLA, INC.

FILED  
Feb 20, 2007  
Secretary of State

## Current Principal Place of Business:

HWY. 319  
P.O. BOX 1137  
CRAWFORDVILLE, FL 32326

## New Principal Place of Business:

HWY. 319  
CRAWFORDVILLE, FL 32327 US

## Current Mailing Address:

HWY. 319  
P.O. BOX 1137  
CRAWFORDVILLE, FL 32326

## New Mailing Address:

HWY. 319  
P.O. BOX 1137  
CRAWFORDVILLE, FL 32326 US

FEI Number: 59-2885495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAND, DARREL W.  
90 NEWTON RD  
CRAWFORDVILLE, FL 32327 US

## Name and Address of New Registered Agent:

LAND, DARREL W  
90 NEWTON RD  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: DARREL W LAND

02/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAND, DARREL W.,  
Address: HWY. 319  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD ( ) Delete  
Name: LAND, TERRY W.,  
Address: HWY. 319  
City-St-Zip: CRAWFORDVILLE, FL 32327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LAND, DARREL W  
Address: HWY. 319  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: STD (X) Change ( ) Addition  
Name: LAND, TERRY W  
Address: HWY. 319  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREL W LAND

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date