

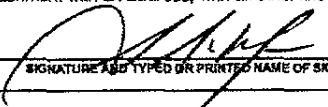


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000008002		
1. Entity Name SOUTH LAKE LAND INDUSTRIAL PARK MASTER ASSOCIATION, INC.		
Principal Place of Business 210 NEPTUNE ROAD AUBURNDALE, FL 33823	Mailing Address P.O. BOX 1722 LAKE LAND, FL 33802-1722	
DO NOT WRITE IN THIS SPACE		
		01082007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-2981470		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOORE, STEVEN T 210 NEPTUNE ROAD AUBURNDALE, FL 33823		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, STEVEN T 210 NEPTUNE ROAD AUBURNDALE, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, THOMAS W JR. 2025 SYLVESTER ROAD C-3 LAKE LAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 617, 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:  STEVEN T. MOORE		Date 1/8/07 Day/Time Phone # 863-967-1131