


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

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30127**

1. Entity Name  
**JERNIGAN'S LANDING, INC.**



Principal Place of Business                      Mailing Address

200 SW 80 ST                                      200 SW 80 ST  
 OCALA, FL 34476                                  OCALA, FL 34476

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP                      CR2E037 (4/06)

4. FEI Number                      Applied For  
 59-2935109                          Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TARTER, WILLIAM  
 200 SW 80 STREET  
 OCALA, FL 34476

**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.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TURNER, LESLIE C
STREET ADDRESS	104 SW 1ST AVE.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	CHRISTOFF, JOHN P.
STREET ADDRESS	953 SE FORT KING STREET
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	TARTER, WILLIAM L.
STREET ADDRESS	200 SW 80 STREET
CITY-ST-ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000576932  
 01/05/07-80006-007 61.25

**DO NOT WRITE IN THIS SPACE**

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: William L Tarter                      1-4-07                      352-629-3636

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

*William L Tarter*