

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016978

Entity Name: HIDDEN RIVER LAND COMPANY

FILED
Mar 31, 2005
Secretary of State

Current Principal Place of Business:

710 THORNBURG RD
BABSON PARK, FL 32827

New Principal Place of Business:

710 THORNBURG RD
BABSON PARK, FL 32827

Current Mailing Address:

710 THORNBURG RD
BABSON PARK, FL 32827

New Mailing Address:

710 THORNBURG RD
BABSON PARK, FL 32827

FEI Number: 59-3728431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, KARLA S
710 THORNBURG ROAD
BABSON PARK, FL 32827 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STAKER, ROBERT Q
Address: 518 HARBOUR POINT BLVD
City-St-Zip: ORLANDO, FL 32835

Title: DT () Delete
Name: STAKER, JOAN
Address: 518 HARBOUR POINT BLVD
City-St-Zip: ORLANDO, FL 32835

Title: DVP () Delete
Name: GRAY, KARLA S
Address: 710 THORNBURG RD
City-St-Zip: BABSON PARK, FL 32827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STAKER, ROBERT Q
Address: 518 HARBOR POINT BLVD
City-St-Zip: ORLANDO, FL 32835

Title: DT (X) Change () Addition
Name: STAKER, JOAN
Address: 518 HARBOR POINT BLVD
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARLA S. GRAY

DVP

03/31/2005

Electronic Signature of Signing Officer or Director

Date