

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90036 017 ***150.00

DOCUMENT # P00000028634

1. Entity Name

THRIFT LAND DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

7015 HIELO DRIVE
JACKSONVILLE FL 32211

7015 HIELO DRIVE
JACKSONVILLE FL 32211



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6090 COPPER DR.

6090 COPPER DR.

City & State

City & State

MACCLENNY, FL.

MACCLENNY, FL.

Zip

Country

Zip

Country

32063 BAKER

32063 BAKER

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3633216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THRIFT, JAMES H

7015 HIELO DRIVE

JACKSONVILLE FL 32211

Name

THRIFT, JAMES H

Street Address (P.O. Box Number is Not Acceptable)

6090 COPPER DR.

City

MACCLENNY

FL

Zip Code

32063

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

(Signature, typed or printed name of registered agent and file if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME THRIFT, JAMES H SR ☐ Delete
STREET ADDRESS 7015 HIELO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE PD
NAME THRIFT, JAMES H SR ☒ Change ☐ Addition
STREET ADDRESS 6090 COPPER DR.
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE VSTD
NAME THRIFT, LINDA L ☐ Delete
STREET ADDRESS 7015 HIELO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VSTD
NAME THRIFT, LINDA L ☒ Change ☐ Addition
STREET ADDRESS 6090 COPPER DR.
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE VD
NAME THRIFT, JAMES H JR ☐ Delete
STREET ADDRESS 7015 HIELO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD
NAME THRIFT, JAMES H JR ☒ Change ☐ Addition
STREET ADDRESS 6090 COPPER DR.
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-29-07