

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000058894

1. Entity Name
HERNANDO LAND HOLDING CORPORATION



Principal Place of Business
**19619 NORTH DALE MARBRY HIGHWAY
LUTZ, FL 33548**

Mailing Address
**19619 NORTH DALE MARBRY HIGHWAY
LUTZ, FL 33548**



02132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3653112

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**MARTINEZ, IVAN O
19619 NORTH DALE MARBRY HIGHWAY
LUTZ, FL 33548**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTINEZ, IVAN O
STREET ADDRESS 19619 NORTH DALE MARBRY HIGHWAY
CITY-ST-ZIP LUTZ, FL 33548

TITLE VD
NAME MARTINEZ, WILLIAM
STREET ADDRESS 19619 NORTH DALE MARBRY HIGHWAY
CITY-ST-ZIP LUTZ, FL 33548

TITLE ST
NAME MARTINEZ, MARIA A
STREET ADDRESS 19619 N. DALE MARBRY HWY.
CITY-ST-ZIP LUTZ, FL 33548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U000000266908
03/17/05-80050-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE