

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2007 08:00 AM  
Secretary of State

DOCUMENT # P00000062424



1. Entity Name

IOWA LAND AND GENERAL DEVELOPMENT  
CORPORATION, INC.

Principal Place of Business  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

Mailing Address  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-6020439

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

STRAWN, JOEL T  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM F JR.	
STREET ADDRESS	900 E. ATLANTIC AVE., SUITE 14	
CITY- ST- ZIP	DELRAY BEACH FL 33483	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM F III	
STREET ADDRESS	900 E. ATLANTIC AVE., SUITE 14	
CITY- ST- ZIP	DELRAY BEACH FL 33483	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STRAWN, JOEL T	
STREET ADDRESS	54 N.E. FOURTH AVENUE	
CITY- ST- ZIP	DELRAY BEACH FL 33483	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GWYNN, WILLIAM E	
STREET ADDRESS	214 N.E. FOURTH STREET	
CITY- ST- ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROYAN, COLIN S.R.	
STREET ADDRESS	SEVEN ROTHESAY TERRACE	
CITY- ST- ZIP	EDINBURGH, SCOTLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, PETER HALFORD	
STREET ADDRESS	IVERSEK HOUSE 1 ALDWYCH	
CITY- ST- ZIP	LONDON, ENGLAND	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000736559
CITY- ST- ZIP	05/10/07-80081-004 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 #