2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000112512

1. Entity Name

SUN VALLEY LAND COMPANY



FILED Feb 20, 2008 08:00 Al Secretary of State

Principal Plac	ce of Business	Mailing Address			
2104 THOMAS DR PANAMA CITY BEACH FL 32408		PO BOX 27279 PANAMA CITY BEACH FL 32411		111	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		•	- 1 18811955 /// 28111 88111 98111 88111 88111 1881 11881 11881 11881 11881 11881 11881 11881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)
City & State		City & State			4. FE: Number 59-3723594 Applied For Not Applicable
Zip Country		Zip	Country		Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent
LIAN	AM W OFFIALD			Name	
LEDMAN & HAMM, P.A. 1007 JENKS AVENUE		(P.O. Box Number is Not Acceptable)			
PANAMA CITY BEACH FL 32408 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Curre HAMM, W. GERALD LEDMAN & HAMM, P.A. 1007 JENKS AVENUE PANAMA CITY FL 32401 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Squatere, typed or principal payment of registered agent. SIGNATURE Squatere, typed or principal payment of registered agent. Make Check Payable to Florida Department of the country of			City	FL Zip Code	
8. The above	named entity submits this statement fi	or the purpose of changing i	its registere	d office or register	ered agent, or corn, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered now	tandille framproepie (NO	OTE Registered	Ager Esignnture required	io where remedium g) DATE
After	May 1, 2008 Fee Will Be \$550.0	0			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Р	☐ Derete	TITLE		Change Additio
NAME	COUNTS, STEVE		NAME	:	
STREET ADDRESS	726 THOMAS DRIVE		STREE	ET ADDRES\$	
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NAME	THACKER, LARRY		HAME		
	· · · · · · · · · · · · · · · · · ·		STRFF	T ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	· · · · · · · · · · · · · · · · · · ·	CITY-	ST-ZIP	
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			NAME		
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				ST-ZIP	
I hereby a	certify that the information supplied we	this filing does not qualify	for the exi	enistano contrario	ed in Section 119. Florida Statutes, I further certify that the information.

indicated on this report or supplemental reports free 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 truster empowered to execute the 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

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