2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00200115715

1. Entity Name

C + D LAND HOLDINGS, INC.



Principal Place of Business

35008 EMERALD COAST PKWY, STE 301 DESTIN, FL 32541

Mailing Address

35008 EMERALD COAST PKWY, STE 301 DESTIN, FL 32541

FILED

Apr 05, 2004 08:00 AM

Secretary of State



CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

		,
4. FEI Number		Applied For
59-3694307		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAWKINS, JOHN W ESQ MATTHEWS & HAWKINS, P.A. 604 HWY 98 E DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

No Chg-P

01122004

DESTIN, FL 32541		IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or t	egistered agent, or bo	ith, In the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registored	i Agent signetun	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finan After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000102250
10.	OFFICERS AND DIREC	CTORS			<u> 04/05/04-80007-018 150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, JOSEPH P 4042 KATS COURT DESTIN, FL 32541				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, DENNIS J 346 SUSLDUTH CIR FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2 72.7	DO	NOT WRITE
title Name Street address City-St-zip				IN '	THIS SPACE
title Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exen	nption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information

Thereby can'y that the information supplies with this tiling does not quality for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

850.650.588

Daytime Phone #