

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90069 039 ***150.00

DOCUMENT # P01000011697

1. Entity Name
A & B LAND INVESTMENTS, INC.



Principal Place of Business
**121 US HIGHWAY ONE
SUITE 106
KEY WEST, FL 33040 US**

Mailing Address
**121 US HIGHWAY ONE
SUITE 106
KEY WEST, FL 33040 US**

20013612



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1078380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRAEUNIG, PHILLIP
14 F CROSS STREET
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name **Phillip Braeunig**
Street Address (P.O. Box Number is Not Acceptable)

21 Coral Way
City **Key West** **FL** Zip Code **33040**

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 **Phillip R**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-05

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 **P** ☐ Delete
NAME **ANSON, MICHAEL**
STREET ADDRESS **121 US HWY. ONE, STE. 106**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **V/S** ☐ Delete
NAME **BRAEUNIG, PHILLIP**
STREET ADDRESS **121 US HWY. ONE, STE. 106**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: **Phillip R** **Phillip Braeunig** **2-16-05** **305-296-6619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #