

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016559

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: MONTAGUE LAND DEVELOPMENT, INC.

## Current Principal Place of Business:

10720 MONTAGUE STREET  
TAMPA, FL 33626 US

## New Principal Place of Business:

5115 LAKE LECLARE ROAD  
LUTZ, FL 33558 US

## Current Mailing Address:

10720 MONTAGUE STREET  
TAMPA, FL 33626 US

## New Mailing Address:

5115 LAKE LECLARE ROAD  
LUTZ, FL 33558 US

FEI Number: 59-3758261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAUGHRIDGE, ANNA K  
10720 MONTAGUE STREET  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

LAUGHRIDGE, ANNA K  
5115 LAKE LECLARE ROAD  
LUTZ, FL 33558 US

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.

SIGNATURE: ANNA K. LAUGHRIDGE

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROWN, RICHARD D  
Address: 10720 MONTAGUE ST.  
City-St-Zip: TAMPA, FL 33626

Title: VPST ( ) Delete  
Name: LAUGHRIDGE, ANNA K  
Address: 10720 MONTAGUE ST.  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BROWN, RICHARD D  
Address: 5115 LAKE LECLARE ROAD  
City-St-Zip: LUTZ, FL 33558

Title: VPST (X) Change ( ) Addition  
Name: LAUGHRIDGE, ANNA K  
Address: 5115 LAKE LECLARE ROAD  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA K. LAUGHRIDGE

VPST

04/20/2006

Electronic Signature of Signing Officer or Director

Date