
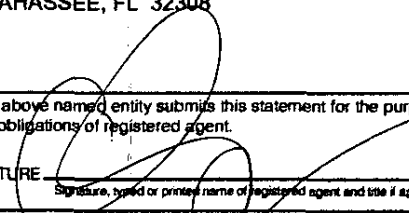
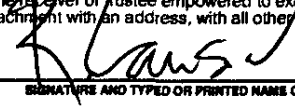


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000038715 1. Entity Name CAPITAL LAND GROUP, INC.		
Principal Place of Business PO BOX 14121 TALLAHASSEE, FL 32317-4121		Mailing Address PO BOX 14121 TALLAHASSEE, FL 32317-4121
2. Principal Place of Business 1530 Colonial DR Suite, Apt. #, etc.	3. Mailing Address 1530 Colonial DR Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL	4. FEI Number 59-3713143
ZIP 32303	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHNSTON, CHRISTOPHER D 1679 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name CHRISTOPHER D. JOHNSTON Street Address (P.O. Box Number is Not Acceptable) 1530 Colonial DR City TALLAHASSEE FL Zip Code 32303
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE 9/7/04
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LAWSON, ORMAND Z III <input type="checkbox"/> Delete PO BOX 14121 TALLAHASSEE, FL 323174121	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition 300041129233 09/17/04--01076--018 **150.00
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 9/7/04 <small>Date</small>
		Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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MRD