## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT #P01000071190

1. Entity Name

NOKOMIS LAND COMPANY



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1432 FIRST ST., SUITE C SARASOTA, FL 34236 1432 FIRST ST., SUITE C SARASOTA, FL 34236



## DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1124608 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN 1432 FIRST ST., SUITE C SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. It am familiar with, and accept the obligations of registered agent.</li> </ol>						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000755564 05/22/07-80106024	150.00
10.	OFFICERS AND DIREC					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAKE, J. KEVIN 1432 FIRST ST., SUITE C SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an apprecs, with all other like empowered.

SIGNATURE: //

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP

IGNATURE AND TYPID OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

/4/30/07 V

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