## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000080499

1. Entity Name AUGUST LAND CORPORATION



FILED Feb 10, 2006 08:00 AN Secretary of State

Principal Place of Business
5828 OLD WINTER GARDEN RD

MELBOURNE, FL 32940

ORLANDO, FL 32835

Mailing Address

5828 OLD WINTER GARDEN RD ORLANDO, FL 32835



## DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3739392
 Not Applicable

\$8.75 Additional

JOHNSON, WILLIAM A 21 SUNTREE PL STE 100

6. Name and Address of Current Registered Agent

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or proled name of registered agent and title if applicable (NOTE Registered Agent signature required when refinstating)

PATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee will be \$550.00

Trust Fund Contribution. 

Added to Fees

OFFICERS AND DIRECTORS 10. DPST TITLE GUZZI, JOSEPH NAME 5828 OLD WINTER GARDEN ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 GUZZI, CATHERINE 5828 OLD WINTER GARDEN ROAD STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP IIIE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE
IN THIS SPACE

12. Thereby certify that the information supplied with this filing 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 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 activities, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CHY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CHY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CHY- ST- ZIP
CHY- ST- ZIP
CHY- ST- ZIP
STREET ADDRESS
CHY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06

407)296-9959

Daytime Phone #