

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081472

1. Entity Name
FOUR STAR LAND HOLDING, INC.



Principal Place of Business
**5802 CHERRY ROAD
OCALA, FL 34472**

Mailing Address
**5802 CHERRY ROAD
OCALA, FL 34472**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3738415

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARMSTRONG, CHRIS
5802 CHERRY ROAD
OCALA, FL 34472**

**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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMSTRONG, SCOTT W
STREET ADDRESS 5802 CHERRY ROAD
CITY - ST - ZIP Ocala, FL 34472

TITLE D
NAME ARMSTRONG, CHRIS
STREET ADDRESS 5802 CHERRY ROAD
CITY - ST - ZIP Ocala, FL 34472

TITLE STD
NAME ARMSTRONG, WENDY S
STREET ADDRESS 5802 CHERRY ROAD
CITY - ST - ZIP Ocala, FL 34472

TITLE D
NAME PETTY, TIMOTHY
STREET ADDRESS 5802 CHERRY ROAD
CITY - ST - ZIP Ocala, FL 34472

TITLE D
NAME TIECHE, STEVEN
STREET ADDRESS 5802 CHERRY ROAD
CITY - ST - ZIP Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000148471
05/03/04-80148-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (352) 624-0120
Date Daytime Phone #