


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90084 047 ***150.00

DOCUMENT # P02000013603 1. Entity Name SOUTHEAST LAND DEVELOPMENT CONSULTANTS, INC.					
Principal Place of Business 3 S. 2ND ST., STE. 202 FERNANDINA BEACH, FL 32034			Mailing Address 2338 S 8TH ST FERNANDINA BEACH, FL 32034		
2. Principal Place of Business <i>5211 South Fletcher Ave.</i> Suite, Apt. #, etc. <i>Suite # 265</i> City & State <i>Fernandina Beach, FL</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <i>32034</i>		Country <i>NASSAU</i>	
4. FEI Number 01-0612409				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLEY, PASCHAL JR 432 BEACHSIDE PLACE FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILLEY, PASCHAL JR 432 BEACHSIDE PLACE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby 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 address, with all other like empowered.					
SIGNATURE: _____ Date _____ Daytime Phone # _____					

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