

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90004 017 ***158.75

DOCUMENT # P02000033070

1. Entity Name

SECOND STREET LAND CO., INC.



Principal Place of Business

650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701

Mailing Address

650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701

40021310



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0586308

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LECCESE, SALVADOR SALVADOR
650 S. NORTHLAKE BLVD SUITE 450
ALTAMONTE SPRINGS, FL 32701

**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 reinstating)

2-17-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME LECCESE, SALVADOR F
STREET ADDRESS 650 S. NORTHLAKE BLVD SUITE 450
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VPS
NAME GROSCH, FRANK K
STREET ADDRESS 650 S. NORTHLAKE BLVD SUITE 450
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06

Date

407-643-5575

Daytime Phone #