

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000071417

1. Entity Name
KISSIMMEE LAND PARCELS, INC.



Principal Place of Business
1854 DESTINY DRIVE APT 108
KISSIMMEE, FL 34741

Mailing Address
PO BOX 421269
KISSIMMEE, FL 34742-1269

FILED
Feb 25, 2004 08:00 AM
Secretary of State



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0730290

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNNS, RULON
250 NORTH ORANGE AVENUE SUITE 1100
ORLANDO, FL 32802

**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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUGGS, J. THOMAS
1854 DESTINY DRIVE APT 108
KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000066550
02/26/04-80019-012 150.00

**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: *J. Thomas Suggs* *J. Thomas Suggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/04
Date

321-217-1941
Daytime Phone #