


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000089158
 1. Entity Name
 FLORIDA LAND INVESTMENT CORP.



Principal Place of Business: 2120 CORPORATE SQUARE BLVD SUITE 3 JACKSONVILLE, FL 32216
 Mailing Address: 2120 CORPORATE SQUARE BLVD SUITE 3 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number: 48-1286066
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
 SEMANIK, JOHN A
 2120 CORPORATE SQUARE BLVD SUITE 3
 JACKSONVILLE, FL 32216

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

U00000669358
 03/27/07-80069-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SEMANIK, JOHN A STREET ADDRESS: 2120 CORPORATE SQUARE BLVD SUITE 3 CITY-ST-ZIP: JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
TITLE: VD NAME: CARPENTER, KATHERINE R STREET ADDRESS: 2120 CORPORATE SQ. BLVD #3 CITY-ST-ZIP: JACKSONVILLE, FL 32216	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

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: Katherine Carpenter 3-9-07 (904) 724-7800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #