2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000131397

1. Entity Name
PHOENIX LAND DEVELOPMENT & PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
RT 17 BOX 1000-5	P.O. BOX 2187
LAKE CITY, FL 32055	LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE

05072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
74-3074453	Not Applicable

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

6. Name and Address of Current Registered Agent

NASH, SYLVESTER T
RT 17 BOX 1000-5
LAKE CITY, FL 32055

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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 8-18-08

FILE NOW!!! FEE IS $150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	NASH, SYLVESTER T
STREET ADDRESS	RT 17 BOX 1000-5
CITY-ST-ZIP	LAKE CITY, FL 32055

TITLE	S
NAME	DUPREE, JOSEPH L JR
STREET ADDRESS	RT 17 BOX 1000-5
CITY-ST-ZIP	LAKE CITY, FL 32055

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/21/08--80002-019 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 8-18-08   Daytime Phone #