2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000004425 1. Entity Name R & E LAND HOLDINGS, INC.								Secret	ary of S	
Principal Plac 511 DEWITT PALM BAY			Mailing Address 511 DEWITT AVE. N.E. PALM BAY FL 32905							
2. Principal P	Place of Busine	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				15	st MOORE CR2	E034 (10/04)		
City & Stat	te	City & State				4. FEI Numb	83-0351585		Applied For	
Zip	Ztp Country		Zip		Coun	itry	5. Certificate	e of Status Desired	\$8.75 A Fee Requi	
	6. Name a	Registered Agent			Name	7. Name and Address of New Registered Agent				
LAW OFFICE OF JEANNETTE G 2210 FRONT ST. STE 307				TH CONGDON	٧,	Street Address (P.O. Box Number is Not Acceptable)				
MEI	LBOURNE				Cin	City Zip Code				
			eigetei i			City		the last Charles of Clarks	FL	
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	Signatura it part or	printed name of legislated agent	and tills if en	plentie DICT	E Paristara	d Agent signature require	Youtstanna		DATE	
F		FEE IS \$150.00	and the nabl	3	T TIOGRATION			T		
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								Election Campaign F Trust Fund Contribut		5.00 May Be ided to Fees
10.		OFFICERS AND) RS	11.		ADDITIONS	I S/CHANGES TO OFFICER:	S AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLUND, 511 DEWITT PALM BAY	AVE. N.E.		☐ Delete		i l		02/23/05- 8000 7	□ Change 19 1-001 150.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUFFO, TEL 1521 BREEZ PALM BAY	EWOOD LANE NW		☐ Delete		1			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP			,,, ,	☐ Delete	•				☐ Chang	e 🔲 Addition
TITLE NAME STRIET ADDRESS GITY-ST-ZIP				☐ Delete					Chang	e 🔲 Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete					☐ Chang	e
NAME CTREFF ADDRESS CITY-ST-ZIP				☐ Delete		l l			☐ Chang	e 🔲 Addition
indicated	d on this report	or supplemental report i	s true and owered to	l accurate and that execute this renor	my signa 1 as regu	iture shall have the	e same legal effe	3)(i), Florida Statutes. I furth ect as if made under oath; ites, and that my name app	that i am an offic	ter or director

SIGNATURE AND TYPED OR PRINTED/NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: