


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90046 007 ***150.00

DOCUMENT # P03000034545	
1. Entity Name EASTLAND CORPORATION	

Principal Place of Business 200 CENTRAL AVENUE, SUITE 2300 ST. PETERSBURG, FL 33701	Mailing Address 200 CENTRAL AVENUE, SUITE 2300 TAMPA, FL 33701
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2. Principal Place of Business - No P.O. Box # 700 Ponte Vedra Lakes Blvd.	3. Mailing Address 700 Ponte Vedra Lakes Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32082-1260	Country
Zip 32082-1260	Country

03162007 Chg-P CR2E034 (12/06)

4. FEI Number 54-2106049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DODSON, J. THOMAS 19961 ATLANTIC BLVD. JACKSONVILLE, FL 32225 <i>700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>700 Ponte Vedra Lakes Blvd</i> City <i>Ponte Vedra Beach</i> FL Zip Code <i>32082-1260</i>
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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 3/16/07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DODSON, J. THOMAS 19961 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	J. Thomas Dodson 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/16/07

Date

(904) 280-7100

Daytime Phone #