2004 FOR PROFIT CORPORATION

ANNUAL REPORT							المراجعة الم					
DOCUMENT # P03000069676  1. Entity Name							FILED					
CANFIELD LAND & HOMES, INC.							O4 AP	R 16 AH 9:	02			
Principal Place of Business Mailing Address 304 BLACK GUM TRAIL 304 BLACK GUM TRAIL							SECREDARY OF STATE FALLARMSFEL FLORIDA					
LONGWOOD, FL 32779  LONGWOOD, FL 32779							) <b>(3.5</b> 11.52) (1) (	187 <b>48</b>   11114 <b>  20</b> 114 <b>  201</b> 14   <b>23</b> 114		18 OTUS UTBUR BUT		
2. Principal Place of Business		3.	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04072004 Chg-P CR2E034 (10/03)					
City & State			City & State							Applicable		
Zip	Country	ress of Current Regis	Zip Coun		try			of Status Desired  Address of New Re	<u> </u>	\$8.75 Addi		
	6. Name and Add	ress of Current negis	tered Agent		Name		7. Hame and	Addiess of New York	Mistered H	gon		
CANFIELD, DAVID A 304 BLACK GUM TRAIL LONGWOOD, FL 32779					Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Code		
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							when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	<del></del>	
						00 May Be ed to Fees						
10.		OFFICERS AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANFIELD, DAVID 304 BLACK GUM LONGWOOD, FL	TRAIL	☐ Delete		1		<b>1 O</b> 04/21/	1 <b>00334</b> 1 10401027-	<b>099</b> ;	□ Change <b>8 1</b> **150.00	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1					Change	Addition	

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.

CICALATURE.

When the information 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.

CICALATURE.

When the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information