2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1/3

FILED
Mar 10, 2005 8:00 am
Secretary of State
01-31-2005 90047 013 ***150.00

DOCUMENT # P03000085435

1. Entity Name
TWIN EAGLES LAND CORPORATION

Principal Place of Business	Mailing Address
550 HOLTS LAKE COURT, SUITE 104 APOPKA FL 32703	550 HOLTS LAKE COURT, SUITE 104 APOPKA FL 32703

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/04)

4. FEI Number ~~APPLIED FOR~~ 20-0374345 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ASHCRAFT, MICHAEL G
550 HOLTS LAKE COURT, SUITE 104
APOPKA FL 32703

7. Name and Address of New Registered Agent
Name: ASHCRAFT, JAMES
Street Address (P.O. Box Number is Not Acceptable): 550 HOLTS LAKE COURT
SUITE 104
City: APOPKA FL Zip Code: 32703

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] 1/25/05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ASHCRAFT, JAMES M	
STREET ADDRESS	550 HOLTS LAKE COURT, SUITE 104	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	☒ Delete
NAME	ASHCRAFT, MICHAEL G	
STREET ADDRESS	550 HOLTS LAKE COURT, SUITE 104	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: [signature] 1/25/05 407-884-4539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #