

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000089470 1. Entity Name ADVANCED LANDHOLDINGS, INC.	
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Principal Place of Business 4510 WEST HIGHWAY 40 OCALA, FL 34482	Mailing Address 4510 WEST HIGHWAY 40 OCALA, FL 34482
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1987447	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADEL, GARRY D ESQ.
4 SE BROADWAY ST.
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D BARNER, RICHARD L JR. 4510 WEST HIGHWAY 40 OCALA, FL 34482
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOONEY, FRANK A 4510 WEST HIGHWAY 40 OCALA, FL 34482
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D MOONEY, FRANK A 4510 WEST HIGHWAY 40 OCALA, FL 34482
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNER, RICHARD L JR. 4510 WEST HIGHWAY 40 OCALA, FL 34482
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

352-266-4577

Daytime Phone #