2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000090500

FERN PARK LAND CO., INC.



Principal Place of Business

Mailing Address

301 N. FERNCREEK AVENUE SUITE A

ORLANDO, FL 32803 US

301 N. FERNCREEK AVENUE

SUITE A ORLANDO, FL 32803

FILED Apr 11, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03272006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0616826 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLIAM, CK 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803

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8.	The above named entity submits this statement for the purpose of changing its registered office of	r registered agent, or both, in the State of Florida.	i am familiar with, and accept
	the obligations of registered agent.	(
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SIGNATURE Signature, typed or printed name of registered agent and title (if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000501723 04/25/06-800<mark>74-010</mark> 150.**0**0

OFFICERS AND DIRECTORS 10. GILLIAM, C.K. NAME STREET ADDRESS 301 N. FERNCREEK AVENUE, SUITE A ORLANDO, FL 32803 CITY ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-20P TITLE NAME STREET ADDRESS CHY-ST-ZIP BILE STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CSTY - ST - ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 cath; 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytens Phone #