

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90045 037 ***158.75

DOCUMENT # P03000145811

1. Entity Name

S & L LAND DEVELOPMENT, INC.



Principal Place of Business

636 FRANCES AVE
ST AUGUSTINE FL 32086

Mailing Address

636 FRANCES AVE
ST AUGUSTINE FL 32086

2. Principal Place of Business

7920 White Tower Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hastings, FL

City & State

City & State

Zip

32145

Country

USA

Zip

Zip

Country

Country

4. FEI Number

90-0130780

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

VAN DYKE, SUSAN T
636 FRANCES AVE
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

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

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 VAN DYKE, SUSAN T
STREET ADDRESS 636 FRANCES AVE
CITY-ST-ZIP ST AUGUSTINE FL 32086

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Susan T. Van Dyke / Susan T. Van Dyke 2/5/05 904-797-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #