## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000152806

Title:

Name:

Address:

City-St-Zip:

FILED May 05, 2004 Secretary of State

**Entity Name:** S M LAND DEVELOPMENT COMPANY, INC. **Current Principal Place of Business: New Principal Place of Business:** 501 CENTRE ST STE 101 FERNANDINA BCH, FL 32034 **Current Mailing Address: New Mailing Address:** 501 CENTRE ST STE 101 FERNANDINA BCH, FL 32034 FEI Number: 20-1023337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAUER, LANNY M 501 CENTRE ST STE 101 FERNANDINA BCH, FL 32034 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PRFS ( ) Change (X) Addition SANTOLOCI, BARBARA L Name: Name: 162 F LONG BEACH BLVD Address: Address: City-St-Zip: City-St-Zip: LOVELADIES, NJ 08008 US Title: () Delete Title: VΡ ( ) Change (X) Addition SANTOLOCI, JOHN L Name: Name: 162 F LONG BEACH BLVD Address: Address: LOVELADIES, NJ 08008 US City-St-Zip: City-St-Zip: Title: Title: () Delete SECR ( ) Change (X) Addition SANTOLOCI, JOHN P Name: Name: PO BOX 16281 Address Address: City-St-Zip: City-St-Zip: FERNANDINA, FL 320353122 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN P SANTOLOCI SECR 05/05/2004

() Delete

( ) Change (X) Addition

SANTOLOCI, BARBARA L

162 F LONG BEACH BLVD

LOVELADIES, NJ 08008