

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Sep 08, 2004 8:00 am
Secretary of State

08-23-2004 90013 004 ***550.00

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MOORE CR2E034 (4/04)

DOCUMENT # P04000000747						
1. Entity Name NORTH FLORIDA LAND COMPANY, INC.						
Principal Place of Business 406 E PT DR CANTON GA 30115			Mailing Address 406 E PT DR CANTON GA 30115			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-0772169		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent BELL, KEITH L JR. 125 W ROMANA ST STE 800 PENSACOLA FL 32502				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, JOHN R		NAME			
STREET ADDRESS	406 E PT DR		STREET ADDRESS			
CITY-ST-ZIP	CANTON GA 30115		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: JOHN R TURNER - PRES.			Date: 8/19/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 404 346 9545			