

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90319 024 ***150.00

DOCUMENT # P04000018505

1. Entity Name
FLORIDA LAND BROKERS, INC.



Principal Place of Business
**9148 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256**

Mailing Address
**9148 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256**

50037377



2. Principal Place of Business

3. Mailing Address

3809 Meek Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-P

CR2E034 (10/03)

City & State

City & State

Jacksonville FL

4. FEI Number

20-0669456

Applied For

Not Applicable

Zip

Country

Zip

Country

32277 US

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBRITTON, JOHN F III
3809 MEEK DR
JACKSONVILLE, FL 32277**

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 fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ALBRITTON, JOHN F III**
STREET ADDRESS **3809 MEEK DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John F. Albritton **1/6/05** **904-945-7674**



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

ATTACHMENT
P04000018505-
52037377

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-0669456

Today's Date is: February 02, 2004 GMT

-You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)
