2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042720

Entity Name: L&D LAND INVESTMENTS OF FLORIDA, INC

2127 TYMBER HAMMOCK DR

JACKSONVILLE, FL 32257

Address: City-St-Zip: FILED Jan 19, 2005 Secretary of State

•			,			
Current Principal Place of Business:				New Principal Place of Business:		
4522 OLD SPANISH TRAIL JACKSONVILLE, FL 32257				9283-2 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257		
Current Mailing Address:				New Mailing Address:		
4522 OLD SPANISH TRAIL JACKSONVILLE, FL 32257				9283-2 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257		
FEI Number	: 02-0719940	FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
UCC FILING & SEARCH SERVICES, INC 526 E PARK AVE TALLAHASSSEE, FL 32301 US				DAVID, CHARLES J PRES 9283-2 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257 US		
The above in the State	named entity e of Florida.	submits this statement for the	purpose of char	nging its registered	d office or registered agent, or both,	
SIGNATURE: CHARLES J. DAVID				01/19/2005		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (DAVID, CHARI 4522 OLD SP/ JACKSONVILL	ANISH TRAIL	Title: Name Addre City-S	: ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SAWYER, RO	N RD SUITE M	Title: Name Addre City-S	: ss:	() Change () Addition	
Title: Name:	ST (LOVE, WILLIA) Delete M M	Title: Name		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES J. DAVID PRES 01/19/2005