2008 FOR PROFIT CORPORATANNUAL REPORT

DOCUMENT # P04000066006

1. Entity Name

LOT & LAND OF SOUTHWEST FLORIDA, INC.



FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90039 014 ***150.00

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Principal Place of Business 322 LENELL RD. FORT MYERS BEACH, FL 33931				Mailing Address 322 LENELL RD. FORT MYERS BEACH, FL 33931						a inii ar ii(ar ii a c	11 58 (1 1 88
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			800	Chg-P	CR2E	034 (12/06)	
City & State			City & State	City & State		4. FEI N 50-	Number - 00144	124			pplied For ot Applicable
Zip Country			Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name a	and Address of Curre	nt Registered Agent		ļ	7. Nam	e and Ad	dress of New	Registered	Agent	
					Name	· ·					
GRECO, CARL 3940 EVANS AVE STE 403 FORT MYERS, FL 33901					Street Addre	ress (P.O. Box I	Number i	s Not Acceptab	ole)		
									FI		
	ons of registe		t for the purpose of chan-	ging its register	ed office or reg	gistered agent,	or both,	in the State of f	Florida. I am	familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)											
SIGNATURE		printed name of registered ag	ent and title if applicable.	(NOTE: Registere	id Agent signature re	equired when reinstal	ting)		DATE		
FILE	Signature, typed o	FEE IS \$150.00 Fee will be \$55	9. Election ((NOTE: Registare Campaign Finar nd Contribution.	ncing	\$5.00 May I Added to Fees	Be		DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 attagment with an address, with all other like empowered.

SIGNATURE:

SYCHATURE WID TORED OR BE

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/08

239-275-7166

Daytime Phone #