## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 30, 2007 08:00 AM DOCUMENT # P04000073435 **Secretary of State** PIONEER LAND, INC. Principal Place of Business Mailing Address 191 E MIRACLE STRIP PKWY MARY ESTHER FL 32569 P O BOX 952 MARY ESTHER FL 32569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 20 we Suite. Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-1178618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Change SCOTT, RUSSELL F 191 E MIRACLE STRIP PKWY Street Address (P.O. Box Number is Not Acceptable) MARY ESTHER FL 32569 City 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 little r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ш Delete ☐ Change Addition SCOTT, RUSSELL F NAME U00000747256 191 E MIRACLE STRIP PKWY STREET ADDRESS STREET ADDRESS 05/17/07-80018-016 158.75 MARY ESTHER FL 32569 CITY-ST-7IP CITY-ST-ZIP 11111 Delete TITLE ☐ Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-SI-7IP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-S1-7IP IDE Defete TITLE Change ■ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Ime Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Sociion 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 extraction with an address, with all after like empowered.