

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000085150

1. Entity Name
EAGLE LAND MANAGER - FLORIDA, INC.



Principal Place of Business

2002 N. FRONTAGE RD.
PLANT CITY, FL 33563

Mailing Address

2002 N. FRONTAGE RD.
PLANT CITY, FL 33563



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1185786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHIDESTER, DAVE
2002 N. FRONTAGE RD.
PLANT CITY, FL 33563

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U00000676053
03/30/07-80043-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEARD, WILLIAM T
STREET ADDRESS	200 BROOKSTONE CTR PKWY SUITE 205
CITY-ST-ZIP	COLUMBUS, GA 31904
TITLE	SD
NAME	FELDNER, RONALD A
STREET ADDRESS	200 BROOKSTONE CTR PKWY SUITE 205
CITY-ST-ZIP	COLUMBUS, GA 31904
TITLE	VD
NAME	YOUNG, RICHARD M
STREET ADDRESS	200 BROOKSTONE CTR PKWY SUITE 205
CITY-ST-ZIP	COLUMBUS, GA 31904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

DAVID CHIDESTER **3-20-07** **813-355-407**