2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-18-2005 90275 029 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66016989

1st MOORE CR2E034 (10/04)

DOCUMENT # P04000104714

1. Entity Name

PREFERRED LAND AND HOMES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 6406 OCALA FL 34478	POST OFFICE BOX 6406 OCALA FL 34478

2. Principal Place of Business	3. Mailing Address
2652 NE 24B st.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Florida	City & State
Zip: 34470 Country: USA	Zip Country

4. FEI Number: 27-0100127 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, HAROLD C
~~1024 E. SILVER SPRINGS BOULEVARD~~
OCALA FL ~~34470~~
2652 N.E. 24th St
Ocala, Fl. 34478

7. Name and Address of New Registered Agent

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NICHOLS, HAROLD C		NAME	
STREET ADDRESS	POST OFFICE BOX 6406		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NICHOLS, MATTHEW D		NAME	
STREET ADDRESS	POST OFFICE BOX 6406		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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] 4/12/05 352 622 9307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #