## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000000910

FILED Apr 30, 2009 Secretary of State

Entity Name: AMERICAN HERITAGE LAND & INVESTMENT CORPORATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1823 E FORT KING ST. 1823 E FORT KING ST. SUITE 200 SUITE 201

OCALA, FL 34471 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

 1823 E FORT KING ST.
 1823 E FORT KING ST.

 SUITE 200
 SUITE 201

 OCALA, FL 34471
 OCALA, FL 34471

FEI Number: 20-2085018 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARDEN, DAVID

1823 E FORT KING ST.

SUITE 200

OCALA, FL 34471 US

HARDEN, DAVID

1823 E FORT KING ST.

SUITE 201

OCALA, FL 34471 US

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.

SIGNATURE: DAVID M HARDEN 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 HARDEN, DAVID
 Name:
 HARDEN, DAVID

 Address:
 1823 E FT. KING ST., STE. 200
 Address:
 1823 E FT. KING ST., STE. 201

Address: 1823 E FT. KING ST., STE. 200 Address: 1823 E FT. KING ST., STE. 201
City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471

Title: VD (X) Delete Title: ( ) Change ( ) Addition

Name: HARDEN, JOSHUA A Name:

 Address:
 1823 E FT. KING ST., STE. 200
 Address:

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:

 $\label{eq:title: VP (X) Change () Addition} \begin{tabular}{ll} Title: & VP & (X) Change () Addition \\ \end{tabular}$ 

Name: ABSHIRE, LENA K Name: ABSHIRE, LENA K

Address: 1823 E FT. KING ST., STE. 200 Address: 1823 E FT. KING ST., STE. 201

City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: DAVID M HARDEN P 04/30/2009