

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026320

Entity Name: T.O.C. LAND SERVICES, INC.

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

1624 DENAUD ROAD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1466  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 20-2436789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ENGLISH, KATHERINE R  
1833 HENDRY STREET  
FORT MYERS, FL 33901 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ENGLISH, HUGH  
Address: P.O. BOX 129  
City-St-Zip: LABELLE, FL 33975

Title: VD ( ) Delete  
Name: TOWNSEND, DALLAS  
Address: P.O. BOX 68  
City-St-Zip: LABELLE, FL 33975

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: TOWNSEND, DALLAS  
Address: P.O. BOX 670  
City-St-Zip: FELDA, FL 33930

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: DALLAS TOWNSEND

VD

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date