\$550,00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

	AITIOAL	ILLI OILI		_					
DOCUMENT # P05000057787					FILED				
1. Entity Name				<u> </u>	ŧ	li tigas tirm tur			
FLORIDA LAND PRESERVATION GROUP, INC.					06 AUG	621 AM 7 : 35	i		
Principal Place	e of Business	Mailing Address		7		Committee Table			
P.O. BOX 520 P.O. BOX 520		•		فأعلوه أتبه	to the final	A			
SORRENTO, FL 32776 SORRENTO, FL 32776)						
2. Principal Place of Business 3. Mailing Address 24525 CR ~ 44A									
Suite, Apt. #, etc. Suite, Apt. #, etc.				07112006	Chg-P	CR2E034 (11/05)			
City & State		City & State		4. FEI Numb	er		plied For at Applicable		
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Add			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
		MOV CARGON							
FORD, AL 270 WAYMONT COURT				s (P.O. Box Numb	er is Not Acceptabl	e)			
SUITE 110					40 1	4.4			
LAKE MARY, FL 32746				24525 CR-44A					
City EUS						FL 39509	36		
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	man title if applicable. (NOT	E: Registered Agent signature requ	resident		DATE			
·									
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. Election Campa Trust Fund Cont	·	5.00 May Be Added to Fees					
				1001710110	1011111050 70 05				
IIILE	OFFICERS AND	Delete	11.	ADDITIONS	/CHANGES TO UF	FICERS AND DIRECTOR	Addition		
NAME	CARSON, MARK	_ beau	NAME	g	ngaza	213659			
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 520		STREET ADDRESS CITY-ST-ZIP	and.	9.7060101		1.25		
TITLE	SORRENTO, FL 32776	☐ Delete	TITLE			☐ Change	☐ Addition		
NAME	CARSON, ASHLEY	T Delete	NAME						
STREET ADDRESS	P.O. BOX 520		STREET ADDRESS						
CITY-ST-ZIP	SORRENTO, FL 32776	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition		
TITLE NAME		€ Delete	NAME				L.; Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Change	Addition		
NAME STREET ADDRESS			NAME Street Address						
CiTY-ST-ZIP			CITY-ST-ZIP						
	L	12. I hereby certify that the information supplied with this filling 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.							
indicated of the cor	I on this report or supplemental report in poration or the receiver or trustee emp	s true and accurate and that owered to execute this repor	my signature shall have the t as required by Chapter t	he same legal effe	ct as if made under	oath; that I am an officer	or director		
indicated of the cor	I on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature shall have the t as required by Chapter t	he same legal effe 607, Florida Statut	ct as if made under	oath; that I am an officer	or director r Block 11 if		