


#550.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000057787</b>			
1. Entity Name FLORIDA LAND PRESERVATION GROUP, INC.			
Principal Place of Business P.O. BOX 520 SORRENTO, FL 32776		Mailing Address P.O. BOX 520 SORRENTO, FL 32776	
2. Principal Place of Business 24525 CR - 44A		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State EUSTIS FL.		City & State	
Zip 32736	Country USA	Zip	Country
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORD, AL 270 WAYMONT COURT SUITE 110 LAKE MARY, FL 32746		Name MARK CARSON Street Address (P.O. Box Number is Not Acceptable) 24525 CR - 44A City EUSTIS FL Zip Code 32736	
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 <u>Mark R. Carson</u> - President DATE <u>5-1-06</u>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, MARK P.O. BOX 520 SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900079213659 08/29/06--01016--022 **3711.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARSON, ASHLEY P.O. BOX 520 SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mark R. Carson</u> President		Date <u>5-1-06</u> Daytime Phone # <u>352 357 5780</u>	