

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116651

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: PHILOPATEER LAND INVESTMENT, INC.

## Current Principal Place of Business:

1070 27TH ST SW  
NAPLES, FL 34117

## New Principal Place of Business:

4167 SAINT GEORGE LANE  
NAPLES, FL 34119

## Current Mailing Address:

1070 27TH ST SW  
NAPLES, FL 34117

## New Mailing Address:

4167 SAINT GEORGE LANE  
NAPLES, FL 34119

FEI Number: 16-1730856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MESSEHA, MAGED  
1070 27TH ST SW  
NAPLES, FL 34117 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: MESSEHA, MAGED G  
Address: 1070 27TH ST SW  
City-St-Zip: NAPLES, FL 34117

Title: VPST ( ) Delete  
Name: SALEEB, RIHAM R  
Address: 1070 27TH ST SW  
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Delete  
Name: SALEEB, RIHAM R  
Address: 1070 27TH ST SW  
City-St-Zip: NAPLES, FL 34117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MESSEHA, MAGED G  
Address: 4167 SAINT GEORGE LANE  
City-St-Zip: NAPLES, FL 34119

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

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

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: MAGED MESSEHA

PD

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date