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10 FEB 17 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/18/10--01015--014 \*\*150.00  
CR2E081 (11/09)

<b>CORPORATION</b> <i>Annual Report</i>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>10 FEB 17 AM 8:36</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT # P050000118717</b>					
1. Corporation Name <b>SKL Land Trust, Inc.</b>					
2. Principal Office Address - No P.O. Box # <b>7098 73rd Street N</b>		3. Mailing Office Address <b>7098 73rd Street N</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Pinellas Park Florida</b>		City & State <b>Pinellas Park Florida</b>			
Zip <b>33781</b>	Country <b>United States</b>	Zip <b>33781</b>	Country <b>United States</b>		
4. Date Incorporated or Qualified To Do Business in Florida <b>02-24-05</b>					
5. FEI Number <b>204389280</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Leisure, William A III</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>7098 73rd Street N</b>					
Suite, Apt. #, Etc.					
City <b>Pinellas Park</b>			State <b>FL</b>	Zip Code <b>33781</b>	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 				Date <b>02-06-10</b>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
<b>P</b>	<b>William A Leisure III</b>	<b>7098 73rd Street N</b>		<b>Pinellas Park FL 33781</b>	
<b>V</b>	<b>Shirley K Leisure</b>	<b>8045 24th Ave N</b>		<b>St Petersburg FL 33710</b>	
<b>RH</b>					
10. E-mail Address: <b>wal.gen@verizon.net</b>					
(To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 				President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>02-06-10</b> 727-214-4971	