2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166661

1. Entity Name
ATLEE LAND GROUP, INC.

FILED
07 MAY 25 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4501 BEVERLY AVE JACKSONVILLE, FL 32210	4501 BEVERLY AVE JACKSONVILLE, FL 32210

04202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 5851 Timuquana Rd	3. Mailing Address 5851 Timuquana Rd
Suite, ~~Apt. #, etc.~~ 301	Suite, ~~Apt. #, etc.~~ 301
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32210 Country Duval	Zip 32210 Country Duval

4. FEI Number 20-3992186 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (~~P.O. Box~~ Number is Not Acceptable) 5851 Timuquana Rd
Ste 301
City Jacksonville FL Zip Code 32210

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ATLEE, KENYON S 4501 BEVERLY AVE JACKSONVILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5851 Timuquana Rd Ste 301 Jacksonville FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600103907426 06/05/07--01015--014 **550.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Kenyon S. Atlee 4-23-07 904-384-6964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #