

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031673

FILED
Apr 02, 2010
Secretary of State

Entity Name: SPERRY LAND CORPORATION

Current Principal Place of Business:

4495 CAPITAL CIRCLE N.W.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4495 CAPITAL CIRCLE N.W.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-4393117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 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: DP
Name: SPERRY, TODD H
Address: 4495 CAPITAL CIRCLE N.W.
City-St-Zip: TALLAHASSEE, FL 32303

Title: DV
Name: BENTON, VICTORIA S
Address: 4495 CAPITAL CIRCLE N.W.
City-St-Zip: TALLAHASSEE, FL 32303

Title: DST
Name: WELLS, REBECCA S
Address: 4495 CAPITAL CIRCLE N.W.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: SPERRY, JODI C
Address: 4495 CAPITAL CIRCLE N.W.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: BENTON, TONY C
Address: 4495 CAPITAL CIRCLE N.W.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: WELLS, BARTLETT C
Address: 4495 CAPITAL CIRCLE N.W.
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: BARTLETT C WELLS

D

04/02/2010

Electronic Signature of Signing Officer or Director

Date