

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90012 050 ***150.00

DOCUMENT # P06000127698

1. Entity Name
EARLY LAND CORPORATION, INC.



Principal Place of Business
**333 SOUTH MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082 US**

Mailing Address
**333 SOUTH MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082 US**



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-5664719** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EARLY, TIMOTHY M
333 SOUTH MILL VIEW WAY
PONTE VEDRA BEACH, FL, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EARLY, TIMOTHY M
333 SOUTH MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVIS, DONNA R
PO BOX 1117
GLEN ST. MARY, FL 32040** *Change of address*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
EARLY, ROBERT M
2090 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HALL, SUSAN L
12415 CAISSON ROAD
FAIRFAX, VA 22030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Davis, Donna
60149 Parham store Rd
Smithville, Miss. 38870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

904-234-8783

Date

Daytime Phone #