## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P07000042702 FILED 1. Entity Name TEXAS LAND HOLDINGS, INC. 08 APR 24 AM 7: 29 SEUNE, ANY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9350 CONROY WINDERMERE RD 9350 CONROY WINDERMERE RD WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03312008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 City Zip Code 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 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ■ Addition ☐ Delete TITLE ☐ Change WOOD, MICHAEL NAME NAME 700125297597 04/23/08--01026--006 \*\*94 9350 CONROY WINDERMERE RD STREET ADDRESS STREET ADDRESS \*\*9463.75 CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ■ Addition VOSS, JEFFERSON R NAME NAME 9350 CONROY WINDERMERE RD STREET ADDRESS STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP VSD TITLE ☐ Delete ☐ Change ☐ Addition PIERCY, TYLER NAME NAME STREET ADDRESS 9350 CONROY WINDERMERE RD STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. The port 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 **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR