


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90013 050 \*\*\*150.00

<b>DOCUMENT # P07000075398</b> 1. Entity Name <b>NORTH FLORIDA LANDS MANAGEMENT, INC</b>					
Principal Place of Business <b>1898 SOUTH CLYDE MORRIS BOULEVARD SUITE 500 DAYTONA BEACH, FL 32119</b>			Mailing Address <b>1898 SOUTH CLYDE MORRIS BOULEVARD SUITE 500 DAYTONA BEACH, FL 32119</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>33-1172913</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>AMENDOLAGINE, MARILYN 1898 SOUTH CLYDE MORRIS BOULEVARD SUITE 500 DAYTONA BEACH, FL 32119</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Marilyn Amendolagine</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D AMENDOLAGINE, MICHAEL 1898 S. CLYDE MORRIS BOULEVARD SUITE 500 DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D AMENDOLAGINE, MARILYN 1898 S. CLYDE MORRIS BOULEVARD SUITE 500 DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T AMENDOLAGINE, MARILYN 1898 S. CLYDE MORRIS BOULEVARD SUITE 500 DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <u>Marilyn Amendolagine</u> <u>Marilyn Amendolagine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>3-21-08</u> Daytime Phone # <u>386-322-0673</u>					