2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State 04-09-2008 90025 017 ***150.00

1. Entity Nam	MENT # P07000134 SLAND SYSTEMS, INC.	4180				04-09-2008	30023 017 13	0.00
Principal Place		Mailing Address	I.		4000	, E 0 0 0		
21 COUNTY RD. Big pine Key, Fl. 33043		21 COUNTY RD. Big Pine Key, Fl 33043		-				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					[5]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numbe	26-16	~ <i>(-</i> 20	oplied For of Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired	\$8.75 Add	
. '	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered Agent	
SIPES IO	, ANN			NameK	Wina	Cutler	^	
SIPES, JOANN 17 SHIPS WAY BIG PINE KEY, FL 33043				Street Address	EO BOX NUMBER	r is Not Repaid	e)	
			ļ	City 📆 .	. 	14.	El ZipDed	90117
	named entity submits this statement t	for the purpose of changing its	s registere	d office or regist	tered agent, or both	n, in the State of FI	orida. I am familiar with,	and accept
the obligat	ions of gistered agent. J. D. Signature, typed or printed name of registered agent.	AVID CUTTER It and title if applicable. (NOT	TE Registered	Agent signature requi	rect when reinstatural	4.7	7 · 08	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con			5.00 May Be			
		-00 Trust Fund Con			5.00 May Be	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS AND PSTD	-00 Trust Fund Con	11.	□ Ā	5.00 May Be	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

4.7.08