

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90224 016 ***150.00

DOCUMENT # P14409 1. Entity Name THE CHOBEE LAND ENTERPRISES COMPANY					
Principal Place of Business 500 LINCOLN PARK BLVD STE 322 KETTERING OH 45429 US			Mailing Address 500 LINCOLN PARK BLVD STE 322 KETTERING OH 45429 US		
2. Principal Place of Business 8550 Okeechobee Rd		3. Mailing Address 102 N. Westgate			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite A			
City & State FT Pierce, FL		City & State Jacksonville, IL		4. FEI Number 31-1205183	
Zip 34945		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 62650		Country USA		6. Name and Address of Current Registered Agent FEE, FRANK H., III 401A SOUTH INDIAN RIVER DRIVE FT. PIERCE FL 33454	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEAD, RUTH C. 216 SOUTH BEACH RD HOBE SOUND FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, RUTH M. 126 WEST FIELD ST DEDHAM MA 02026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYOR, EMILIE M 15 REXFORD ROAD WEST CORNWALL CT	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, DEXTER C. 650 MINE RIDGE RD GREAT FALLS VA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, NELSON S., JR. 210 GILMAN ROAD YARMOUTH ME 04096	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Ruth M. Barker</u> Ruth M. Barker, Director 4/18/05 (217) 243-4397					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					