

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14409

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE CHOBEE LAND ENTERPRISES COMPANY

Current Principal Place of Business:

8550 OKEECHOBEE RD
FORT PIERCE, FL 34945 US

New Principal Place of Business:

Current Mailing Address:

102 N WESTGATE
JACKSONVILLE, IL 62650 US

New Mailing Address:

FEI Number: 31-1205183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, RUTH C
216 S BCH RD
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: MEAD, RUTH C.,
Address: 216 SOUTH BEACH RD
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BARKER, RUTH M.,
Address: 126 WEST FIELD ST
City-St-Zip: DEDHAM, MA 02026

Title: P () Delete
Name: PRYOR, EMILIE M
Address: 15 REXFORD ROAD
City-St-Zip: WEST CORNWALL, CT 06796

Title: D () Delete
Name: MEAD, DEXTER C.,
Address: 1 HIGH POINT LANE
City-St-Zip: SOUTH DARTMOUTH, MA 02748

Title: D () Delete
Name: MEAD, NELSON S., JR.,
Address: 210 GILMAN ROAD
City-St-Zip: YARMOUTH, ME 04096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: BARKER, RUTH M
Address: 126 WEST FIELD ST
City-St-Zip: DEDHAM, MA 02026

Title: PRES (X) Change () Addition
Name: PRYOR, EMILIE M
Address: 15 REXFORD ROAD
City-St-Zip: WEST CORNWALL, CT 06796

Title: SEC (X) Change () Addition
Name: MEAD, DEXTER C.,
Address: 1 HIGH POINT LANE
City-St-Zip: SOUTH DARTMOUTH, MA 02748

Title: TRES (X) Change () Addition
Name: MEAD, NELSON S., JR.,
Address: 210 GILMAN ROAD
City-St-Zip: YARMOUTH, ME 04096

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIE M. PRYOR

Electronic Signature of Signing Officer or Director

PRES

01/27/2009

Date