2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						
DOCUMENT # P31035 1. Entity Name WOODLAWN LAND COMPANY, INC.					FILED O4 MAR 16 AM 11: 42	
WOODLAWIY LAND COMITATIT, INC.					04 MAR 16 AM 11: 42	
Principal Place of Business Mailing Address					OF COFTAIN I WINTER	
P.O. BOX 66338 BATON ROUGE LA 70896		P.O. BOX 66338 BATON ROUGE LA 70896			SECRETARY TO TATE TALLAHASI TI TO OKIDA	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034	4 (11/03)	
City & State		City & State		4. FEI Number 72-0383316	Applied For Not Applicable	
Zip Country		Zip Country		гу	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Ness	7. Name and Address of New Registered	Agent
CT CORPORATION SYSTEM				Name		
1200	O S. PINE ISLAND ROAD NTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)		
,,						
				City	FI	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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be						
Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
TITLE NAME	P ARMSTRONG, R R	☐ Delete	TITLE NAME	ł		☐ Change ☐ Addition
STREET ADDRESS	5551 CORPORATE BLVD			T ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70808	· · ·	CITY-	ST-ZIP		
TITLE NAME	V DIXON, MARY L	☐ Delete	TITLE NAME	į.		☐ Change ☐ Addition
	5551 CORORATE BLVD			T ADDRESS		
CITY-ST-ZIP	ATON ROUGE LA 70808		CITY-	ST-ZIP		
TITLE	ST KEITH A	☐ Delete	TITLE	ì	300029964 03/05/040102401	Glamor Addition
NAME STREET ADDRESS	ISTRE, KEITH A 5551 CORPORATE BLVD		NAME STREE	T ADDRESS	00,00,0, 0102, 01	1 44410111120
CITY-ST-ZIP	BATON ROUGE LA 70808		CITY-	ST-ZIP		
TITLE	AST	☐ Delete	TITLE			Change Addition
NAME STREET ADDRESS	MILLER, BEN R JR. P.O. BOX 3513 N/A		NAME STREE	T ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA			ST-ZIP		
TITLE	D D	☐ Delete	TITLE			☐ Change ☐ Addition
NAME REILLY, KEVIN P JR. STREET ADDRESS 5551 CORPORATE BLVD		NAME Street Addre		1		
CITY-ST-ZIP	BATON ROUGE LA 70808		I	ST-ZIP		
TITLE	D LAMAR CHARLES W	☐ Delete	TITLE	1		☐ Change ☐ Addition
NAME STREET ADDRESS	FFF4 CORPORATE BLVD		NAME STREE	T ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70808			ST-ZIP		
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 path; that I am an officer or director						

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 truylee 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 an officer or director of the corporation or the receiver or truylee empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04 Date

285-926-100