2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 08:00 All Secretary of State

ANNUAL REPORT			
DOCUMENT # P93000043160 1. Entity Name STUART LAND COMPANY, INC.			
Principal Place of Business	Mailing Address		
2488 SE WILLOUGHBY BLVD	P O BOX 3		
STUART, FL 34994. US	STUART, FL 34995	US	

No Cha-P CR2E034 (11/05) 02182008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0447013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHAMBERLIN, JEFFREY D DO NOT WRITE 461 SW PINE TREE LANE PALM CITY, FL 34990 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 000000905520 05/01/08-80057-014-150.00 TITLE POSTON, BRYAN A JR. NAME STREET ADDRESS **5121 BURNING TREE CIRCLE** CITY-S1-ZIP STUART, FL 34997 TIT! F NAME CHAMBERLIN, JEFFREY D STREET ADDRESS 461 SW PINE TREE LANE CITY-ST-ZIP PALM CITY, FL 34990 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 supplied entail 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 receive orthrustee ampowered 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 attachmentwith an addless, with alloting like empowered.

SIGNATURE:

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/00/08

772-220-4096

Daytime Phone #