


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 04, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P93000047184</b> 1. Entity Name HUMPTY DUMPTY LAND I AND II, INC.	
---	---

Principal Place of Business 3902 E BLOOMINGDALE VALRICO, FL 33594	Mailing Address 3902 E BLOOMINGDALE VALRICO, FL 33594
---	---

**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3193536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  EDENFIELD, MICHAEL S 206 MASON ST BRANDON, FL 33511	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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: Anna May Davidson DATE: April 1 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIDSON, CHARLES L 3902 E BLOOMINGDALE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVISON, ANNIE M 3902 E BLOOMINGDALE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

04/04/05-80011-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Anna May Davidson DATE: April 1 2005 813684923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #