2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 20, 2000 00.00		
DOCUMENT # P93000057612]	Secretary of	State
1. Entity Name TE DEUM LAND COMPANY						
IE DEUK	I LAND COMPANY				•	
Principal Plac	e of Business	Mailing Address				
3702 WEST KENNEDY BLVD PO BOX 24269 TAMPA, FL 33609 TAMPA, FL 33623						
114111412	33003	17111 74 1E 33023) (B#2)E#)		
				- '		Ħ
				† (48)) /8 ((B	16:
	A NOT WOIT	E IN THIS O	D4.0E	04142008	No Chg-P CR2E034 (11/05)	
L	O NOT WRIT	E IN THIS SI	PACE	4. FEI Numb		
				59-320	¢0.75	
			· · · · · · · · · · · · · · · · · · ·	5. Certificate	e of Status Desired Fee Required	
	6. Name and Address of Curre	nt Registered Agent				./ #4 Juny
MIKES, JA		•		DO	NOT WRITE	
3702 WEST KENNEDY BLVD TAMPA, FL 33609					THIS SPACE	
				IIN	I TIS SPACE	
		·				
	named entity submits this statement tions of registered agent.	t for the purpose of changing its r	egistered office or register	red agent, or bo	oth, in the State of Florida. I am familiar with, and a	ccept
SIGNATURE.						
3idivATORE.	Signature, typed or printed name of registered as	ent and title if applicable (NOTE	Registered Agent signature requires	d when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Campaig 1.000 Trust Fund Contri	· · · — • •	.00 May Be led to Fees		
10.	OFFICERS AI	ND DIRECTORS			<u> </u>	·· ·
TITLE	DPST					
NAME STREET ADDRESS	MIKES, JAMES R 3702 WEST KENNEDY BLVD					
CITY-ST-ZIP	TAMPA, FL 33609					
TITLE NAME			ł		05/21/08-80133-007 750.00	,
STREET ADDRESS		•			·	
CITY-ST-ZIP		<u>, '</u>				
TITLE. NAME			ŕ			
STREET ADDRESS				DΩ	NOT WRITE	
CITY-ST-ZIP					_	
NAME				IN	THIS SPACE	
STREET ADDRESS CITY-ST-ZIP						
TITLE	<u> </u>					
NAME			l		•	
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS		4				

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 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 first proposed.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF S GNING OFFICER OR DIRECTOR

4. 21.08 813-495-454

e Daytime Prix