

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000003233

1. Entity Name
A&S LAND DEVELOPMENT COMPANY



Principal Place of Business
**4141 SOUTHPOINT DR E.
STE B
JACKSONVILLE, FL 32216**

Mailing Address
**4141 SOUTHPOINT DR E.
STE B
JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3286625

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SILVERFIELD, GARY
4141 SOUTHPOINT DR. E
JACKSONVILLE, FL 32216**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ATKERSON, CHARLES F JR
STREET ADDRESS	8471 BAYMEADOWS ROAD SUITE 403
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	VPST
NAME	SILVERFIELD, GARY D
STREET ADDRESS	SOUTHPOINT DR E STE B
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	VPS
NAME	BREEDING, HELEN
STREET ADDRESS	4141 SOUTHPOINT DR E STE B
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	VPS
NAME	WAKEFIELD, SERENA
STREET ADDRESS	9471 BAYMEADOWS RD, SUITE 403
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VPS
NAME	SILVERFIELD, LEED
STREET ADDRESS	4141 SOUTHPOINT DRIVE EAST, STE. B
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/21/06-80042-017 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____