


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90065 043 \*\*\*150.00

<b>DOCUMENT # P95000003233</b> 1. Entity Name <b>A&amp;S LAND DEVELOPMENT COMPANY</b>					
Principal Place of Business <b>4141 SOUTHPOINT DR E. STE B JACKSONVILLE, FL 32216</b>			Mailing Address <b>4141 SOUTHPOINT DR E. STE B JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3286625</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SILVERFIELD, GARY 4141 SOUTHPOINT DR. E JACKSONVILLE, FL 32216</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKERSON, CHARLES F JR		NAME	ATKERSON, CHARLES F JR	
STREET ADDRESS	9471 BAYMEADOWS ROAD SUITE 403		STREET ADDRESS	8833 PERIMETER PARK BLVD. SUITE 1104	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERFIELD, GARY D		NAME	SILVERFIELD, GARY D	
STREET ADDRESS	SOUTHPOINT DR E STE B		STREET ADDRESS	4141 SOUTHPOINT DRIVE EAST SUITE B	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEDING, HELEN		NAME		
STREET ADDRESS	4141 SOUTHPOINT DR E STE B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKEFIELD, SERENA		NAME	WAKEFIELD, SERENA	
STREET ADDRESS	9471 BAYMEADOWS RD, SUITE 403		STREET ADDRESS	8833 PERIMETER PARK BLVD. SUITE 1104	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERFIELD, LEED		NAME		
STREET ADDRESS	4141 SOUTHPOINT DRIVE EAST, STE. B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/3/08</u> Daytime Phone # _____		