


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90085 012 ***158.75

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|---|--|---|---|--|--|
| DOCUMENT # P95000050385 1. Entity Name ECOSYSTEMS LAND MITIGATION BANK I CORPORATION | | | |  | |
| Principal Place of Business 1555 HOWELL BRANCH ROAD SUITE C-200 WINTER PARK, FL 32789 | | | Mailing Address 1555 HOWELL BRANCH ROAD SUITE C-200 WINTER PARK, FL 32789-1109 US | | |
| 2. Principal Place of Business S104 N. ORANGE BLOSSOM TRAIL SUITE 210 ORLANDO, FL 32810 | | 3. Mailing Address S104 N. ORANGE BLOSSOM TRAIL SUITE 210 ORLANDO, FL 32810 | | | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | | 4. FEI Number 59-3336248 | |
| Zip 32810 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUILDER, J. LINDSAY JR GRAHAM, CLARK, JONES, BUILDER, PRATT 369 N NEW YORK AVENUE WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 re-registering) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCARTHY, D. MILLER 10461 DOWN LAKEVIEW CIRCLE WINDERMERE, FL 34786 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S104 N. ORANGE BLOSSOM TRAIL, SUITE 210 ORLANDO, FL 32810 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST FICKETT, ALAN G 1555 HOWELL BRANCH RD STE C-200 WINTER PARK, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S104 N. ORANGE BLOSSOM TRAIL, SUITE 210 ORLANDO, FL 32810 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Alan G. Fickett</i> Alan G. Fickett SECRETARY/TREASURER | | | 3/15/05 407-629-7774 Date Daytime Phone # | | |