

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000054024

1. Entity Name  
 NATIONAL LAND TRUST CORPORATION



Principal Place of Business  
 7235 1ST AVE S0  
 ST. PETERSBURG, FL 33707 US

Mailing Address  
 7235 1ST AVE S0  
 ST. PETERSBURG, FL 33707 US



01252005 No Chg-P CR2004 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 06-1437808 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

VERONA LAW GROUP P.A.  
 7235 1ST AVE S  
 SUITE 201  
 ST. PETERSBURG, FL 33707

**DO NOT WRITE 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

Signature, typed or printed name of registered agent and title if applicable

DUPLICATE Registered Agent Signature Required when requested

DATE

**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	PD
NAME	PAYNE, CLARKE
STREET ADDRESS	228-1 MILE CREEK ROAD
CITY-ST-ZIP	OLD LYME, CT 06377
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000217263  
 02/07/05-80017-015 150.00

**DO NOT WRITE IN THIS SPACE**

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 PRES. Clarke Payne CLARKE PAYNE Feb 3, 2005 860.434-5020

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Number