


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000076919 1. Entity Name THE PRUDENTIAL LAND CO., INC.	
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Principal Place of Business
411 N.E. 25TH AVENUE
OCALA, FL 34471

Mailing Address
411 N.E. 25TH AVENUE
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3356589	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DYKES, JOHN R
411 N.E. 25TH AVENUE
OCALA, FL 34471

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DYKES, JOHN R
STREET ADDRESS	411 N.E. 25TH AVENUE
CITY-ST-ZIP	OCALA, FL 34471

TITLE	VST
NAME	DYKES, JOHN T
STREET ADDRESS	411 N.E. 25TH AVENUE
CITY-ST-ZIP	OCALA, FL 34471

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05 AC 352 732-7101

Date

Daytime Phone #