

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000055994

1. Entity Name
BDC LAND COMPANY



Principal Place of Business
401 W COLONIAL DRIVE
SUITE 7
ORLANDO, FL 32804

Mailing Address
401 W COLONIAL DRIVE
SUITE 7
ORLANDO, FL 32804



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3438123

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACARTHUR, WILLIAM H
401 W COLONIAL DRIVE
SUITE 7
ORLANDO, FL 32804

**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 reinstalling)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
LUZ THORON, MACARTHUR
401 W COLONIAL DR, SUITE 7
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AST
CONANT, ELIZABETH
401 W COLONIAL DR, SUITE 7
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ANDERSON, FRANK
425 W COLONIAL DR.
ORLANDO, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000327776
04/25/05-80051-015 150.00

**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)(f), 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: *Elizabeth Conant* **ELIZABETH CONANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Date

407-425-8876

Daytime Phone #