

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067196

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: FLORIDA LAND & RANCHES, INC.

## Current Principal Place of Business:

27340 GRAND LAKE OAK LANE  
TAVARES, FL 32778 US

## New Principal Place of Business:

## Current Mailing Address:

325 CORPORATE DR  
SUITE 100  
PORTSMOUTH, NH 03801

## New Mailing Address:

FEI Number: 59-3397272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORBES, JEFFRY  
1724 DEL HAVEN DR  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FORBES, JEFFRY  
Address: 1724 DEL HAVEN DR  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: MACALPINE, WILLIAM A  
Address: 325 CORPORATE DR #100  
City-St-Zip: PORTSMOUTH, NH 03801

Title: V ( ) Delete  
Name: FORBES, CHRISTOPHER  
Address: 27340 GRAND OAK LANE  
City-St-Zip: TAVARES, FL 32778

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A MACALPINE

TD

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date