

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000067196

Entity Name: FLORIDA LAND & RANCHES, INC.

FILED
Nov 14, 2008
Secretary of State

Current Principal Place of Business:

9907 KINGS CROSSING DR.
JACKSONVILLE, FL 32219 US

New Principal Place of Business:

Current Mailing Address:

325 CORPORATE DR
SUITE 100
PORTSMOUTH, NH 03801

New Mailing Address:

325 CORPORATE DR STE 100
PORTSMOUTH, NH 03801

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:

CLAYTON, JOSEPH T JR
9907 KINGS CROSSING DR
JACKSONVILLE, FL 32219 US

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: JOSEPH TERRELL CLAYTON, JR

11/14/2008

Electronic Signature of Registered Agent

Date

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 (X) Delete
Name: FORBES, CHRISTOPHER
Address: 7000 NATURAL BRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLAYTON, JOSEPH T JR
Address: 9907 KINGS CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32219

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 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

11/14/2008

Electronic Signature of Signing Officer or Director

Date