2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078943

MAYO, ROGER C

City-St-Zip: ST PETERSBURG, FL

1555 BRIGHTWATERS BLVD NE

Name:

Address:

Entity Name: GULF LAND & TIMBER COMPANY

FILED Apr 03, 2009 Secretary of State

Entity Name: GOLF LAND & HIMBER COMPANY								
Current Principal Place of Business:					New Principal Place of Business:			
230 65TH SAINT PE	ST N TERSBURG, F	FL 33710	US					
Current Mailing Address:				Nev	New Mailing Address:			
230 65TH SAINT PE	ST N TERSBURG, F	FL 33710	US					
FEI Number:	: 59-3411599	FEI Numb	er Applied For()	FEI Number	Not Applicable ()	Certificate of Status Desired (X)		
Name and	Address of C	Current Re	gistered Agent:	Nar	Name and Address of New Registered Agent:			
911 CHES	MICHAEL T TNUT STREE ATER, FL 346			230	MAYO, DARRYL K 230 65TH STREET N SAINT PETERSBURG, FL 33710 US			
	named entity see of Florida.	submits this	s statement for the	e purpose of cha	anging its registered	d office or registered agent, or both,		
SIGNATUR	RE: DARRYL	K. MAYO				04/03/2009		
	Electror	nic Signatur	e of Registered A	gent		Date		
Election Car	mpaign Financing	g Trust Fund	Contribution ().					
OFFICERS	S AND DIREC	TORS:		AD	DITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MAYO, DARRY 230 65TH ST N SAINT PETERS		3710		•	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () CHIARO, CASS 5 INVERNESS HOUSTON, TX	PARK CIRCL	E			() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () MAYO, GERAL 1555 BRIGHTV ST PETERSBU	VATERS BLVI	D NE	Title Nam Addr City	e:	() Change () Addition		
Title:	V () Delete		Title	:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

	SIGNATURE: DARRYL K. MAYO	PD	04/03/2009
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