


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000081915 1. Entity Name SOUTHERN LAND COMPANY		
Principal Place of Business 300 S ORANGE AVENUE SUITE 1000 ORLANDO, FL 32801		Mailing Address P.O. BOX 4956 ORLANDO, FL 32802
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRINDSTAFF, MICHAEL J 300 S ORANGE AVENUE SUITE 1000 ORLANDO, FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINDSTAFF, MICHAEL J 300 S ORANGE AVENUE-SUITE 1000 ORLANDO, FL 32801	
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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, and all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Michael J. Grindstaff Date: 1/6/04 Daytime Phone #: 407-423-3200



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3406712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/12/04-80005-012 150.00

**DO NOT WRITE
IN THIS SPACE**