



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90024 046 \*\*\*150.00

<b>DOCUMENT # P96000095100</b> 1. Entity Name <b>MOCK LAND COMPANY, INC.</b>					
Principal Place of Business <b>317 CENTRE STREET FERNANDINA BEACH, FL 32034</b>				Mailing Address <b>317 CENTRE STREET FERNANDINA BEACH, FL 32034</b>	
2. Principal Place of Business <b>1325 Atlantic Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P. O. Box 706</b> Suite, Apt. #, etc.			
City & State <b>Fern. Beach, FL</b>		City & State <b>Fern. Beach, FL</b>		4. FEI Number <b>59-3420930</b>	
Zip <b>32034</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOCK, WILLIAM J JR 317 CENTRE STREET FERNANDINA BEACH, FL 32034</b>		7. Name and Address of New Registered Agent Name <b>Mock, William J. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1325 Atlantic Ave.</b> City <b>Fernandina Beach, FL</b> Zip Code <b>32034</b>			
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 _____ DATE <b>4/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MOCK, WILLIAM J JR 317 CENTRE STREET FERNANDINA BEACH, FL 32034</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1325 Atlantic Ave. Fernandina Beach, FL 32034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE <b>4/1/04</b> 904 2618822 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					