

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000098981

1. Entity Name

FAIRFAX LAND MANAGEMENT, INC.



Principal Place of Business

2610 FAIRFAX STREET
JACKSONVILLE FL 32209

Mailing Address

POST OFFICE BOX 41604
JACKSONVILLE FL 32203-1604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3424652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, STAN W
2610 FAIRFAX STREET
JACKSONVILLE FL 32209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: WOERNER, NORMAN L
STREET ADDRESS: 12990 COUNTY RD. 95
CITY, ST, ZIP: ELBERTA AL 36530

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000206282
CITY, ST, ZIP: 01/31/05-80078-007 150.00

TITLE: VS
NAME: HILL, STAN W
STREET ADDRESS: 8483 STABLES RD.
CITY, ST, ZIP: JACKSONVILLE FL 32256

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

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CITY, ST, ZIP: ☐ Change ☐ 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:

Stan W. Hill
Stan W. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 904-358-2507
Date Daytime Phone #