
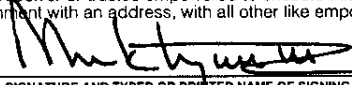


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90762 007 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P97000008302 1. Entity Name NIRVANA LAND CO., INC. | | | |  | |
| Principal Place of Business 350 PENSACOLA BEACH BLVD. SUITE 7 GULF BREEZE, FL 32561 | | | Mailing Address POST OFFICE BOX 99 GULF BREEZE, FL 32562-0099 | | |
| 2. Principal Place of Business 400 Gulf Breeze Pkwy Suite, Apt. #, etc. Suite 208 | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Zip Country | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-3424284 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LYONS, MARK III 68 BAYBRIDGE DR. GULF BREEZE, FL 32561 | | | 7. Name and Address of New Registered Agent 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 _____ <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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LYONS, MARK III <input type="checkbox"/> Delete 350 PENSACOLA BEACH BLVD., STE 7 GULF BREEZE, FL 32561 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400 Gulf Breeze Pkwy - Suite 208 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLMORE, FREDERICK III <input checked="" type="checkbox"/> Delete 350 PENSACOLA BEACH BLVD., STE 7 GULF BREEZE, FL 32561 | | 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:  | | | 4/30/04 850 934-0440 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |