2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P97000024409

Entity Name: MITIGATION LAND PARTNERS, INC.

Current Principal Place of Business:

605 PALM CR E
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

605 PALM CR E
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3435157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTON, WILLIAM L
605 PALM CR E
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARTON, WILLIAM L
Address: 605 PALM CR E
City-St-Zip: NAPLES, FL 34102

Title: VPD ( ) Delete
Name: MILLER, RAYMOND
Address: 313 TURTLE HATCH WAY
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete
Name: DURHAM, TIMOTHY
Address: P 3200 BAILEY LANE, STE 200
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: PEEK, THOMAS R
Address: 90 EAST AVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM L. BARTON PD 01/07/2009

Electronic Signature of Signing Officer or Director Date