

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000035590

1. Entity Name
TRACELAND, INC.



Principal Place of Business

3020 CREEKSIDE TRAIL
GREEN COVE SPRINGS, FL 32043

Mailing Address

3020 CREEKSIDE TRAIL
GREEN COVE SPRINGS, FL 32043



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3456953

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POOLE, ANNE D
3020 CREEKSIDE TRAIL
GREEN COVE SPRINGS, FL 32043

**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

Signature typed or printed name of registered agent and the corporation

(If Officer signed, Agent signed, or Agent and Officer signed)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PRES
POOLE, ANNE D
3020 CREEKSIDE TRAIL
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VPAS
BRIGHT, LAUREN D
3030 CREEKSIDE TRAIL
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
S/T
DAVIS, FRED K
3040 CREEKSIDE TRAIL
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VP
DAVIS, FRED C
3010 CREEKSIDE TRAIL
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

U00000649667
03/07/07-80058-012-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Anne D. Poole Anne D. Poole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-07

904-282-6035