

FILED
Apr 05, 2007 08:00 AM
Secretary of State

1. Entity Name
SLS LAND, INC.



Mailing Address
8245 RIVER COUNTRY DRIVE
SPRING HILL, FL 34607



4. FEI Number 59-3441457	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

GLOVER, STUART R
8245 RIVER COUNTRY DRIVE
SPRING HILL, FL 34607

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

~~U00000591643~~

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

04/13/07-80019-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	GLOVER, STUART R
STREET ADDRESS	8245 RIVER COUNTRY DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607

TITLE	DV
NAME	CHAMPION, SANDRA L
STREET ADDRESS	8245 RIVER COUNTRY DRIVE
CITY- ST- ZIP	SPRING HILL, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____