2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

SIGNATURE:

Mar 11, 2004 08:00 AM Secretary of State DOCUMENT # P97000048565 1. Entity Name 70 LAND CORP. Principal Place of Business Mailing Address 303 NINTH STREET WEST 303 NINTH STREET WEST SUITE 201 **BRADENTON FL 34205** BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0769688 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEITRICH, DAVID K 1111 3RD AVE., W., STE. 350 BRADENTON FL 34205 Street Address (P.O. Box Number is Not Acceptable) City 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, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when utinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. शराह Delete TITLE ☐ Change ☐ Addition BUSKIRK, FRANK A. NAME U000000084983 303 NINTH STREET WETS STE 201 STREET ADDRESS STREET ADDRESS 03/11/04-80029-018 150.00 BRADENTON FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE Addition 33T8 F GRAVELY, JEFFREY D MAME STREET ADDRESS 303 NINTH STREET WETS STE 201 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CRTY - ST - ZIP TITLE ☐ Change ☐ Addition BLE Detete MARAF SUMMERS, STEVE E HABIE STREET ADDRESS STREET ADDRESS 303 NINTH STREET WETS STE 201 CITY-ST-ZIP BRADENTON FL 34205 CRY-ST-ZIP Change | Delete Addition TENE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C8EY-ST-789 ☐ Change ☐ Addition TITLE HEEF Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Change Addition TITLE ☐ Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attactiment with an address with all other like empowered.

FILED