



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000054719 1. Entity Name CHIPOLA LAND AND DEVELOPMENT COMPANY	
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FILED
06 JAN -4 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4636 HWY 90 E SUITE L MARIANNA, FL 32446 US	Mailing Address PO BOX 1564 MARIANNA, FL 32447 US
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3453521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'STEEN, J C
2900 PARK AVE E STE A
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SAPP, WALLY E
STREET ADDRESS	195 COMPASS LAKE DRIVE
CITY - ST - ZIP	ALFORD, FL 32420
TITLE	SD
NAME	SAPP, EDNA M
STREET ADDRESS	195 COMPAS LAKE DRIVE
CITY - ST - ZIP	ALFORD, FL 32420
TITLE	
NAME	<i>JR 1/5</i>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

770062639437
01/04/06--01031--004 **150.00

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: *John M. Hamilton* John M. Hamilton 1/3/06 850 482 5842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #