

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90106 038 ***150.00

DOCUMENT # P97000065829

1. Entity Name
NEW SMYRNA CONDO LAND, INC.



Principal Place of Business
**1215 GRESSNER DR
HOUSTON, TX 77055**

Mailing Address
**1215 GRESSNER DR
HOUSTON, TX 77055**

50011437



DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-3460025	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

**GRAHAM, JESSE SR
369 N NEW YORK AVE
THIRD FLOOR
WINTER PARK, FL 32789**

**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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P TRULLI, GIULIO 1215 GRESSNER DR HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SILVESTRI, DAN 1215 GRESSNER DR HOUSTON, TX 77055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06 **(713) 785-6272**
Date Daytime Phone #