
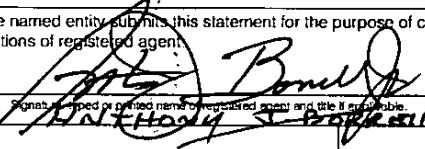
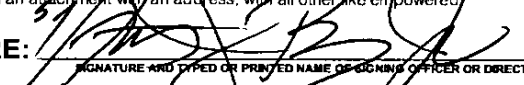


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90016 014 ***158.75

DOCUMENT # P98000026329			
1. Entity Name WILBEY LAND CORPORATION			
Principal Place of Business 3601 N. NEBRASKA AVENUE TAMPA, FL 33603-5094		Mailing Address 3601 N. NEBRASKA AVENUE TAMPA, FL 33603-5094	
2. Principal Place of Business 3536 N. Nebraska A		3. Mailing Address P. O. Box 172119	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33603		Country USA	
Zip 33672-0119		Country USA	
4. FEI Number 59-3507634		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORRELL, ANTHONY J JR. 3511N. NEBRASKA AVE TAMPA, FL 33603		7. Name and Address of New Registered Agent Name: BORRELL, ANTHONY J. JR. Street Address (P.O. Box Number is Not Acceptable): 3536 N. Nebraska Av. City: TAMPA, FL Zip Code: 33672	
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: 		DATE: 2-13-06	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDST NAME: BORRELL, ANTHONY J JR. STREET ADDRESS: 3536 N NEBRASKA AVE CITY-ST-ZIP: TAMPA, FL 33603	<input type="checkbox"/> Delete	TITLE: PDST NAME: BORRELL, ANTHONY J. JR. STREET ADDRESS: P. O. BOX 172119 CITY-ST-ZIP: TAMPA, FL 33672-0119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VAS NAME: BORRELL, A. JOSEPH III STREET ADDRESS: 3536 N NEBRASKA AV CITY-ST-ZIP: TAMPA, FL 33603	<input type="checkbox"/> Delete	TITLE: VAS NAME: BORRELL, WILLIAM J STREET ADDRESS: P. O. BOX 172119 CITY-ST-ZIP: TAMPA, FL 33672-0119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 2/15/06 813-251-5050	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Daytime Phone #	

Anthony J. Borrell, Jr.
 President

15875