


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90054 029 \*\*\*158.75

**DOCUMENT # P98000026329**

1. Entity Name  
**WILBEY LAND CORPORATION**



Principal Place of Business  
**3536 N NEBRASKA  
 TAMPA, FL 33603-5094**

Mailing Address  
**P.O. BOX 172119  
 TAMPA, FL 33672-0119**

2. Principal Place of Business - No P.O. Box #  
**3414 BAY TO BAY BLVD**


3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

Zip  
**33629** Country  
**USA**

4000



03122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3507634** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BORRELL, ANTHONY J JR.  
 3536 N NEBRASKA AVE  
 TAMPA, FL 33672**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3414 BAY TO BAY BLVD #200**

City **Tampa** FL Zip Code **33629**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

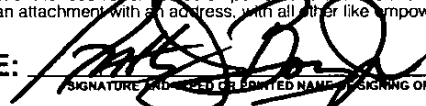
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BORRELL, ANTHONY J JR. P.O. BOX 172119 TAMPA, FL 336720119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BORRELL, A. JOSEPH III P.O. BOX 172119 TAMPA, FL 336720119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: **3/19/07** Daytime Phone #: **813-835-6285**