2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000001343

1. Entity Name

AMERICAN LAND DEVELOPMENT CORPORATION



Principal Place of Business

1934 DELLWOOD DRIVE TALLAHASSEE, FL 32303 Mailing Address

1934 DELLWOOD DRIVE TALLAHASSEE, FL 32303



FILED

06 APR 27 Pil 1: 25

SECRETAR LA FATE TALLAHASSEE, FLORIDA



04272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3586653

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EARNHART, PAUL M 1934 DELLWOOD DRIVE TALLAHASSEE, FL 32303

CITY-ST-7iP

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	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	if anninable (NOTE: Registered A	cont signature	a required when reinstating)	DATE
	Cignature, 1990 or printed harre or registered agent and the		-	Total Wilding Stating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Financi Trust Fund Contribution. 	ng 🗆	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC EARNHART, PAUL M 1934 DELLWOOD DRIVE TALLAHASSEE, FL 32303			8 C 05/12/	00 74508388 /0601009015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PINKERTON, BILL R 1934 DELLWOOD DR TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS					

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 DIRECT

4-27-06

850-386-277