2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2006 08:00 Al DOCUMENT # P99000027094 **Secretary of State** 1. Entity Name LAND ONE PROPERTIES, INC. Principal Place of Business Mailing Address 124 SOUTH FLORIDA AVENUE PO BOX 7595 LAKELAND, FL 33801 LAKELAND, FL 33807 02132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3567542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILPOT, BRIAN G DO NOT WRITE 124 SOUTH FLORIDA AVENUE LAKELAND, FL 33801 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) U000000453681 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 03/14/06-80031-011 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE PHILPOT, BRIAN G NAME STREET ADDRESS 124 SOUTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33801 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-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 employered to execute his teporals regular to Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment that an address with all enter like ampowers.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863.607.9500

Daytime Phone #

FILED