FILED
Apr 20, 2005 8:00 am
Secretary of State

03-02-2005 90087 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000037099

1. Entity Name
AL J. LAND, INC.

66011365

02242005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
HC 5, BOX 1037 OLD TOWN, FL 32680	HC 5, BOX 1037 OLD TOWN, FL 32680
2. Principal Place of Business: 616 NE 151 Ave Suite, Apt. #, etc.	3. Mailing Address: 616 NE 151 Ave Suite, Apt. #, etc.
City & State: Old Town FL	City & State: Old Town FL
Zip: 32680 Country: USA	Zip: 32680 Country: USA

4. FEI Number: 59-3566098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAND, AL JAMES HC 5, BOX 1037 OLD TOWN, FL 32680	Name: Al James Land Street Address (P.O. Box Number is Not Acceptable): 616 NE 151 Ave City: Old Town FL Zip Code: 32680

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: Al Land 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAND, AL JAMES HC 5, BOX 1037 OLD TOWN, FL 32680	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 616 NE 151 Ave Old Town FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Al Land 4/15/05 352-542-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #