

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 16 2007 08:00 AM  
Secretary of State

DOCUMENT # P99000037099

1. Entity Name

AL J. LAND, INC.



Principal Place of Business

616NE 151 AVE  
OLD TOWN FL 32680

Mailing Address

616NE 151 AVE  
OLD TOWN FL 32680

2. Principal Place of Business - No P.O. Box #

616 NE 151st Ave

3. Mailing Address

616 NE 151st Ave

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

Old Town FL

City & State

Old Town FL

Zip 32680

Country

DIXIE

Zip 32680

Country

DIXIE

6. Name and Address of Current Registered Agent

LAND, AL JAMES  
616 NE 151 AVE  
OLD TOWN FL 32680

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | DPT               | <input type="checkbox"/> Delete |
| NAME            | LAND, AL JAMES    |                                 |
| STREET ADDRESS  | 616 NE 151 AVE    |                                 |
| CITY - ST - ZIP | OLD TOWN FL 32680 |                                 |
| TITLE           | SEC               | <input type="checkbox"/> Delete |
| NAME            | LAND, CONNIE D    |                                 |
| STREET ADDRESS  | 616 NE 151 AV     |                                 |
| CITY - ST - ZIP | OLD TOWN FL 32680 |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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03/27/07-80053-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 DIRECTOR

2/22/07

353-542-8500