2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051585

Entity Name: LAND'S PALM TREES INC.

FILED Mar 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: OLD TOWN, FL 1147 NE 151 AVE OLD TOWN, FL 32680 OLD TOWN, FL 32680 **Current Mailing Address: New Mailing Address:** HC5 BOX 1036 PO BOX 1811 OLD TOWN, FL 32680 OLD TOWN, FL 32680 FEI Number: 59-3641552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEAGLE, MARLIN M 101 EAST MADISON STREET LAKE CITY, FL 32056 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LAND, ALTON J LAND, GEORGE E Name: Name: HC5 BOX 1036 PO BOX 1811 Address: Address: City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: OLD TOWN, FL 32680 Title: Title: () Delete () Change () Addition Name: LAND, LIZA C Name: BOX 1811 Address: Address: OLD TOWN, FL 32680 City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ (X) Change () Addition LAND, GEORGE E LAND, LIZA C Name: Name: PO BOX 1811 PO BOX 1811 Address: Address: City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: OLD TOWN, FL 32680 Title: (X) Delete Title: () Change () Addition VONICE, LAND M Name: Name: Address: HC5 BOX 1036 Address: City-St-Zip: OLD TOWN, FL 32680 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZA CHILDERS LAND VP 03/29/2005