

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90418 049 ***150.00

DOCUMENT # P99000072003

1. Entity Name
ENGLEWOOD LAND GROUP, INC.



Principal Place of Business
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134

Mailing Address
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134

94063752



DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0942740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134

**DO NOT WRITE
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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MACNAIR, CHRISTOPHER J
STREET ADDRESS 255 ALHAMBRA CIRCLE SUITE 325
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME FERTIG, JAY C
STREET ADDRESS 255 ALHAMBRA CIRCLE SUITE 325
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME HEGGY, JOHN F
STREET ADDRESS 255 ALHAMBRA CIRCLE SUITE 325
CITY-ST-ZIP CORAL GABLES, FL 33134

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher J. MacNair, Pres.

4/26/04

305-445-6161