

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074402

FILED
Mar 11, 2009
Secretary of State

Entity Name: BARTOW LAND MANAGEMENT, INC.

Current Principal Place of Business:

HWY 17
HOMELAND, FL 33847

New Principal Place of Business:

Current Mailing Address:

PO BOX 152
HOMELAND, FL 33847

New Mailing Address:

FEI Number: 59-3598400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMETT, JOHN D
5005 GREYHOUND AVE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

MCLAULIN, THOMAS J
8410 MCCOY ROAD
FT MEADE, FL 33841 US

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: THOMAS J. MCLAULIN

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLAULIN, THOMAS
Address: 8410 MCCOY RD
City-St-Zip: FORT MEADE, FL 33841

Title: T () Delete
Name: HAMMETT, JOHN D
Address: 5005 GREYHOUND
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN D. HAMMETT

T

03/11/2009

Electronic Signature of Signing Officer or Director

Date