2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S27323

D. B. & D. LAND COMPANY, INC.

FILED Jan 09, 2007 08:00 AM Secretary of State

Principal Place of Business

8 MAIN STREET

CHATTAHOOCHEE, FL 32324

Mailing Address

POST OFFICE BOX 66 CHATTAHOOCHEE, FL 32324

CHATTAHOUGHEE, TE 32324



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3049637

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINSON, ALEXANDER L. 1350 ATTAPULGUS HIGHWAY 121 N MADISON STREET QUINCY, FL 32351

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| 431731,12 32331 | | | | | | |
|--|--|--|------------------|--------------------------------|--|--------------------|
| | named entity submits this statement for the pions of registered agent. | surpose of changing its registere | ed office or o | registered agent, or bo | oth, in the State of Florida. I am familia | r with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title is | f applicable. (NOTE: Registered | d Agent signetur | a required when reinstaing) | DATE | |
| | E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D D'ALEMBERTE, RICHARD W. 275 BOLIVAR ST. CHATTAHOOCHEE, FL | | | , | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEAUCHAMP, EUSTIS W. 7912 BEAUCHAMP LANE SNEADS, FL | | | | U00000578749 01/09/07-80042-00 | 4 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DITTY, JOSEPH C. 5464 MS ANULTY ROAD BASCOM, FL 32423 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | | | 'iN' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | | |
| TITLE | | ••••• | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 appeared 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 attagriment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

anuay 4,2007 850-663-848