2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S27323

1. Entity Name

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



FILED Jan 11, 2008 08:00 Al Secretary of State

Principal Place of Business

8 MAIN STREET CHATTAHOOCHEE, FL 32324 Mailing Address

POST OFFICE BOX 66 CHATTAHOOCHEE, FL 32324



DO NOT WRITE IN THIS SPACE

01072008 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

DO NOT WRITE IN THIS SPACE

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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					
	E NOWIII FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Financii Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	-
10.	OFFICERS AND DIRECTO	RS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALEMBERTE, RICHARD W. 275 BOLIVAR ST. CHATTAHOOCHEE, FL				
TITLE	D				
NAME	BEAUCHAMP, EUSTIS W.				U00000779551 01/11/08-80042-005 150.00
STREET ADDRESS CITY-ST-ZIP	7912 BEAUCHAMP LANE SNEADS, FL	i			01/11/08-80042-005 150.00
TITLE	D				
NAME	DITTY, JOSEPH C.				
STREET ADDRESS	5464 MS ANULTY ROAD			DO	NOT WRITE
CITY-ST-ZIP	BASCOM, FL 32423				
TITLE				IN T	THIS SPACE
NAME STREET ADDRESS				+	
CITY-ST-ZIP					
TITLE		···		•	
NAME					
STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 7, 2008 850-662-8484