

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42505

FILED
May 01, 2005
Secretary of State

Entity Name: TWIN LAKES LAND RECLAMATION, INC.

Current Principal Place of Business:

888 SOUTHEAST THIRD AVENUE
SUITE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292037
DAVIE, FL 33329

New Mailing Address:

FEI Number: 65-0339809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, H. COLLINS JR.
350 SE 2ND ST., SUITE 200
SUITE 820
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: FORMAN, H. COLLINS J, R.
Address: 350 SE 2ND ST., STE 200
City-St-Zip: FORT LAUDERDALE, FL

Title: PD () Delete
Name: FORMAN, M. AUSTIN,
Address: 888 SE 3RD AVE, STE 501
City-St-Zip: FORT LAUDERDALE, FL

Title: VPD () Delete
Name: FORMAN, CHARLES ROY,
Address: 320 N.W. THIRD AVENUE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: M. AUSTIN FORMAN

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date