

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42505

FILED  
Apr 29, 2009  
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:

888 SE 3RD AVE  
501  
FORT LAUDERDALE, FL 33316

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: FORMAN, H. COLLINS JR.  
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 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: M AUSTIN FORMAN

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date