2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 15, 2007 08:00 AN Secretary of State DOCUMENT # \$54224 1. Entity Name HENDRICKS LAND CO. Principal Place of Business Mailing Address 3325 HENDRICKS AVENUE 3325 HENDRICKS AVENUE SUITE A SUITE A JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3071289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGLEY, JOHN A Street Address (P.O. Box Number is Not Acceptable) 3325 HENDRICKS AVE SUITE A JACKSONVILLE FL 32207 Zip Code 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 little i applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE Delete TITLE ☐ Change Addition LANGLEY, JOHN A. U00000637199 02/26/07-80051-011 150.00 NAME NAME 3325 HENDRICKS AVENUE, SUITE A STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY - ST - 71P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMI: STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-SI-71P HILE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE ☐ Delete TOLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing doos not qualify for the exemptions contained in Section 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 offect 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.

FILED