


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State


DOCUMENT # S59445
 1. Entity Name
NORTH BAY LAND COMPANY



Principal Place of Business
1111 BRICKELL AVE.
STE. 2300
MIAMI, FL 33131

Mailing Address
1111 BRICKELL AVE.
STE. 2300
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0271093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINSON, JOHN A
1111 BRICKELL AVE.
STE. 2300
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000623373
 02/13/07-80063-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HINSON, JOHN A 1111 BRICKELL AVE., ST.E 2300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELELLA, MONICA 1111 BRICKELL AVE., STE. 2300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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; 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:  1/30/2007 (305) 379-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

John A Hinson