

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V00390**

1. Entity Name  
**VICTORY LAND COMPANY, INC.**



Principal Place of Business

**1045 LAKE ASBURY DR  
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address

**1045 LAKE ASBURY DR  
GREEN COVE SPRINGS, FL 32043 US**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3099400**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**O'NEILL, PATRICK J.  
1045 LAKE ASBURY DR  
GREEN COVE SPRINGS, FL 33043**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME O'NEILL, PATRICK J.  
STREET ADDRESS 1045 LAKE ASBURY DR  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 33043

TITLE VC  
NAME O'NEILL, PATRICK V  
STREET ADDRESS 1045 LAKE ASBURY DR  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 33043

TITLE TDS  
NAME O'NEILL, JUDY  
STREET ADDRESS 1045 LAKE ASBURY DR  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 33043

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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IN THIS SPACE**

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01/08/04-80003-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/03