


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # V00390 1. Entity Name VICTORY LAND COMPANY, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3099400	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 1/11/05 Day/Time Phone #