

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90016 016 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 1045 Lake Asbury Dr Suite, Apt. #, etc.		3. Mailing Address 1975 Medinah Lane Suite, Apt. #, etc.	
City & State Green Cove Springs FL Zip Country 32043 US		City & State Green Cove Springs FL Zip Country 32043 US	
4. FEI Number 59-3099400		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name PATRICK J. O'Neill Street Address (P.O. Box Number is Not Acceptable) 1975 Medinah Lane City Green Cove Springs State FL Zip Code 32043	
8. The above named agent 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 <u><i>Patrick J. O'Neill</i></u> DATE 2/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete O'NEILL, PATRICK J. 1045 LAKE ASBURY DR GREEN COVE SPRINGS FL 33043	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VC <input type="checkbox"/> Delete O'NEILL, PATRICK V 1045 LAKE ASBURY DR GREEN COVE SPRINGS FL 33043	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TDS <input type="checkbox"/> Delete O'NEILL, JUDY 1045 LAKE ASBURY DR GREEN COVE SPRINGS FL 33043	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does 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 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: <u><i>Patrick J. O'Neill</i></u> DATE 2/5/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



ATTACHMENT

40046861

V00390

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2008

VICTORY LAND COMPANY, INC.
1975 MEDIRAH LANE
GREEN COVE SPRINGS, FL 32043 US

Subject: VICTORY LAND COMPANY, INC.

Reference Number: V00390

*Please change the
spelling to
Medinah Lane.
Thank You
Pat O'Neil
president*

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION