

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00758

FILED
Jan 08, 2009
Secretary of State

Entity Name: ENTERPRISE LAND AND RESERVES, INC.

Current Principal Place of Business:

5703 CRUTCHFIELD DRIVE
NORTON, VA 24273 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2345
ATTN: WANDA FIELDS
ABINGDON, VA 24212 US

New Mailing Address:

FEI Number: 59-3097350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATEMAN, STANLEY E JR.
Address: 5703 CRUTCHFIELD DRIVE
City-St-Zip: NORTON, VA 24273 US

Title: V () Delete
Name: HALL, RONALD B
Address: 5703 CRUTCHFIELD DRIVE
City-St-Zip: NORTON, VA 24273 US

Title: V () Delete
Name: MULLINS, PAUL A
Address: 1876 YELLOW CREEK ROAD
City-St-Zip: SASSAFRAS, KY 41759 US

Title: V () Delete
Name: GROVES, VAUGHN R
Address: ONE ALPHA PLACE, PO BOX 2345
City-St-Zip: ABINGDON, VA 24212 US

Title: S () Delete
Name: NEELY, EDDIE W
Address: ONE ALPHA PLACE, PO BOX 2345
City-St-Zip: ABINGDON, VA 24212 US

Title: T () Delete
Name: PEARL, JOHN W
Address: ONE ALPHA PLACE, PO BOX 2345
City-St-Zip: ABINGDON, VA 24212 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MULLINS, PAUL A
Address: 5703 CRUTCHFIELD DRIVE
City-St-Zip: NORTON, VA 24273 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAUGHN R. GROVES

VP

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date