


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 328583
 1. Entity Name
GULF FLORIDA LAND CORPORATION



Principal Place of Business
**207 ATKINS RD.
 GEORGETOWN FL 32139
 US**

Mailing Address
**P O BOX 327
 GEORGETOWN FL 32139
 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
**ATKINS, WYMAN
 207 ATKINS ROAD
 GEORGETOWN FL 32139**

4. FEI Number **59-1215796**
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 completing)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ATKINS, WYMAN	
STREET ADDRESS	207 ATKINS RD	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ATKINS, ROSA L.	
STREET ADDRESS	207 ATKINS RD.	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Wyman B. Atkins* / *President* **Wyman B. Atkins** 02/11/08 3864672138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-120 Expires