


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001437
 1. Entity Name
O.J.T. LAND MANAGEMENT COMPANY, INC.



Principal Place of Business Mailing Address
537 MARKET ST **537 MARKET ST**
SUITE 25 **SUITE 25**
CHATTANOOGA, TN 37402 US **CHATTANOOGA, TN 37402 US**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1568933 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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 re-registering)

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 MILLER, JAMES E 4325 AMNICOLA HWY. CHATTANOOGA, TN 37406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SULLIVAN, T K 4325 AMNICOLA HWY. CHATTANOOGA, TN 37406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVE, LINDA 4325 AMNICOLA HWY. CHATTANOOGA, TN 37406
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 04/26/05-80013-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: Linda Love Date: 4/22/05 Daytime Phone #: (423)634-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR