

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # 243735

1. Entity Name
F. F. F. CO.



Principal Place of Business
110 E REYNOLDS ST
STE 700
PLANT CITY, FL 33566

Mailing Address
P.O. BOX 1058
PLANT CITY, FL 33564 US



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0954156	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERNER, S.P.
420 GULF BLVD
BELLEAIR BCH, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 VERNER, S.P. 420 GULF BLVD. BELLEAIR BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMP, JAMES R. 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNER, JAMES P 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNER, JOHN V. 420 GULF BLVD BELLEAIR BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/08-80062-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #