


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**  
**FILE**

<b>DOCUMENT # 421602</b>							
1. Entity Name MID-FLORIDA LAND & TIMBER CORPORATION							
Principal Place of Business 214 NE 4TH STREET DELRAY BEACH FL 33444			Mailing Address 214 NE 4TH STREET DELRAY BEACH FL 33444				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-1458950</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KOCH, WILLIAM F., JR. 900 EAST ATLANTIC AVENUE DELRAY BEACH FL 33444			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KOCH, WILLIAM F JR.		NAME				
STREET ADDRESS	900 E. ATLANTIC AVE #14		STREET ADDRESS	U00000736553			
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	05/10/07-80081-002 150.00			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STRAWN, JOEL T		NAME				
STREET ADDRESS	54 NE 4TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BCH FL		CITY-ST-ZIP				
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GYWNN, WILLIAM E		NAME				
STREET ADDRESS	214 NE 4TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KOCH, WILLIAM F III		NAME				
STREET ADDRESS	900 E ATLANTA AVE		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STROGAN, COLIN S		NAME				
STREET ADDRESS	SEVEN ROTHESAY TERRACE		STREET ADDRESS				
CITY-ST-ZIP	EDINBRUGH, SCOTLAND		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAWSON, PETER H		NAME				
STREET ADDRESS	IVERSEK HOUSE 1 ALDWAITCH		STREET ADDRESS				
CITY-ST-ZIP	LONDON, ENGLAND		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:** Wm F. Koch *Wm F. Koch* **4/27/07** **561-276-6116**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #