2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000103977

1. Entity Name
FLATWOODS HARVESTING, INC.

Principal Place of Business	Mailing Address
3610 CR 830 FELDA, FL 33930 US	POST OFFICE BOX 718 FELDA, FL 33930 US

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2005365
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VISSER, THOMAS R
3610 CR 830
FELDA, FL 33930

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000588967
01/17/07-80094-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VISSER, THOMAS R
STREET ADDRESS	POST OFFICE BOX 718
CITY-ST-ZIP	FELDA, FL 33930
TITLE	S, T
NAME	VISSER, THOMAS R
STREET ADDRESS	POST OFFICE BOX 718
CITY-ST-ZIP	FELDA, FL 33930
TITLE	V
NAME	VISSER, RIAAN
STREET ADDRESS	P.O. BOX 718, 3610 CR 830
CITY-ST-ZIP	FELDA, FL 33930
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Jan 09 2007 863 675 4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #