## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002597

Entity Name: FAMILY FUN CABINS, INC.

**Current Principal Place of Business:** 

415 DOYLE RD. OSTEEN. FL 32764

**Current Mailing Address:** 

415 DOYLE RD.

OSTEEN, FL 32764 US

FEI Number: 22-3951396 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARREN, LANCE T 415 DOYLE RD. OSTEEN, FL 32764 US

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.

SIGNATURE: LANCE T. WARREN 04/11/2017

Electronic Signature of Registered Agent

Date

**FILED** Apr 11, 2017

**Secretary of State** 

CC6822292009

## Officer/Director Detail:

Title	P	Title	VST
Name	FARLEY, TERESA M	Name	FARLEY, KE\

VIN M 415 DOYLE RD. Address 415 DOYLE RD. Address City-State-Zip: OSTEEN FL 32764 OSTEEN FL 32764 City-State-Zip:

Title D Title D

Name FARLEY, JOHN JII FARLEY, MARIE A Name Address 415 DOYLE RD. Address 415 DOYLE RD. City-State-Zip: OSTEEN FL 32764 City-State-Zip: OSTEEN FL 32764

Title DIRECTOR Title **DIRECTOR** 

Name FARLEY, KATHRYN WARREN, LANCE T Name Address 415 DOYLE RD. 415 DOYLE RD. Address City-State-Zip: OSTEEN FL 32764 City-State-Zip: OSTEEN FL 32764

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN M. FARLEY

Electronic Signature of Signing Officer/Director Detail

**VST** 

04/11/2017