

**2021 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:**

9695 DOUBLEHEAD GAP RD  
BLUE RIDGE, GA 30513 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

04/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FARLEY, TERESA M  
Address 415 DOYLE RD.  
City-State-Zip: OSTEEN FL 32764

Title VST  
Name FARLEY, KEVIN M  
Address 415 DOYLE RD.  
City-State-Zip: OSTEEN FL 32764

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

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

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

Title DIRECTOR  
Name FARLEY, KATHRYN  
Address 415 DOYLE RD.  
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

VST

04/04/2021

Electronic Signature of Signing Officer/Director Detail

Date