

**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 <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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	PD
NAME	VERNER, S.P.
STREET ADDRESS	420 GULF BLVD.
CITY-ST-ZIP	BELLEAIR BCH, FL
TITLE	SD
NAME	SHUMP, JAMES R.
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	VPD
NAME	VERNER, JAMES P
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	VERNER, JOHN V.
STREET ADDRESS	420 GULF BLVD
CITY-ST-ZIP	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 #