2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 386776

1. Entity Name
FOUNTAIN FRENCH LAND CO., INC.

Principal Place of Business	Mailing Address
134 SOUTH HIGHWAY 301 P.O. BOX 582 NAHUNTA, GA 31553-0582	P.O. BOX 582 NAHUNTA, GA 31553-0582

DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1484922

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONVENTRE, BETTY JO
11943 GREENWOOD CT
JACKSONVILLE, FL 32216

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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

U00000671330
03/28/07-80024-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	MOORE, WILLIAM
STREET ADDRESS	134 S HIGHWAY 301
CITY-ST-ZIP	NAHUNTA, GA 31553
TITLE	D
NAME	BONVENTRE, BETTY JO
STREET ADDRESS	11943 GREENWOOD CT
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	HENDRIX, DANA
STREET ADDRESS	134 S HIGHWAY 301
CITY-ST-ZIP	NAHUNTA, GA 31553
TITLE	STD
NAME	MOORE, IDA
STREET ADDRESS	134 S HIGHWAY 301
CITY-ST-ZIP	NAHUNTA, GA 31553
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William Moore _____ 3/15/2007 912-462-6442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #