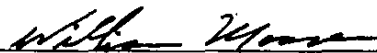


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 386776			
1. Entity Name FOUNTAIN FRENCH LAND CO., INC.			
Principal Place of Business 134 SOUTH HIGHWAY 301 P.O. BOX 582 NAHUNTA, GA 31553-0582		Mailing Address 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		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
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
		UN00000671330 03/28/07-80024-009 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PC	DO NOT WRITE IN THIS SPACE	
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	DO NOT WRITE IN THIS SPACE	
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			
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 #