


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------|--|--|--|
| DOCUMENT # 421602 1. Entity Name MID-FLORIDA LAND & TIMBER CORPORATION | | | |  | |
| Principal Place of Business 214 NE 4TH STREET DELRAY BEACH FL 33444 | | | | Mailing Address 214 NE 4TH STREET DELRAY BEACH FL 33444 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1458950 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KOCH, WILLIAM F., JR. 900 EAST ATLANTIC AVENUE DELRAY BEACH FL 33444 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KOCH, WILLIAM F JR. 900 E. ATLANTIC AVE #14 DELRAY BEACH FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STRAWN, JOEL T 54 NE 4TH AVENUE DELRAY BCH FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD GYWNN, WILLIAM E 214 NE 4TH AVENUE DELRAY BEACH FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KOCH, WILLIAM F III 900 E ATLANTA AVE DELRAY BEACH FL 33483 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STROGAN, COLIN S SEVEN ROTHESAY TERRACE EDINBRUGH, SCOTLAND | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAWSON, PETER H IVERSEK HOUSE 1 ALDWAITCH LONDON, ENGLAND | | | <input type="checkbox"/> Delete | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. | | | | 1100000543376 05/10/06-80134-025 Change 00 | |
| SIGNATURE: <u>Wm F. Gynn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>4/19/06</u> Daytime Phone # <u>561-276-686</u> | |