

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90029 007 ***150.00

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 - No P.O. Box #

3. Mailing Address

301 W. Atlantic Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#0-3

City & State

City & State

Delray Beach FL

Zip

Country

Zip

Country

33444

US

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1458950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCH, WILLIAM F., JR.
900 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM F JR.	
STREET ADDRESS	900 E. ATLANTIC AVE #14	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRAWN, JOEL T	
STREET ADDRESS	34 NE 4TH AVENUE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	GYWNN, WILLIAM E	
STREET ADDRESS	214 NE 4TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM F III	
STREET ADDRESS	900 E ATLANTA AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROGAN, COLIN S	
STREET ADDRESS	SEVEN ROTHESAY TERRACE	
CITY-ST-ZIP	EDINBURGH, SCOTLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, PETER H	
STREET ADDRESS	IVERSEK HOUSE 1 ALDWAITHG	
CITY-ST-ZIP	LONDON, ENGLAND	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROYAN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:

William F. Koch W.F. KOCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Daytime Phone #