

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 437904

1. Entity Name

FLORIDA LINE OF ASTATULA, INC.



Principal Place of Business

25846 C.R. 561
P.O. BOX 352
ASTATULA FL 34705

Mailing Address

P.O. BOX 352
ASTATULA FL 34705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1489376

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SHAFAR, KONNIE K
29308 CAMP ROAD
TAVARES FL 32778

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 fee (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

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. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME SHAFAR, JR, DONALD F
STREET ADDRESS 29308 CAMP RD
CITY- ST- ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000499316
04/24/06-80024-021 150.00

TITLE ☐ Delete
NAME VP
STREET ADDRESS SHAFAR, JAMES A
CITY- ST- ZIP 35321 DOGWOOD CIRCLE
FRUITLAND PARK FL 34731

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME SHAFAR, KONNIE K
STREET ADDRESS 29308 CAMP ROAD
CITY- ST- ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Konnie K Shafar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 *352-742-181*
Date Daytime Phone #