

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90384 030 ***150.00

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

DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1489376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAFAR, KONNIE K
29308 CAMP ROAD
TAVARES, FL 32778

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAFAR, JR, DONALD F 29308 CAMP RD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHAFAR, JAMES A 35321 DOGWOOD CIRCLE FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHAFAR, KONNIE K 29308 CAMP ROAD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald F. Shafar, Jr.

4-16-07

352-742-1818