2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90041 030 ***150.00

DOCUMENT # 667746

1. Entity Name
BOUNTIFUL LANDS, INC.

54003271

Principal Place of Business	Mailing Address
101 E STUART AVE LAKE WALES, FL 33853	101 E STUART AVE LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2106125
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANN, JOHN L.
105 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAZZINI, JOHN P
STREET ADDRESS	101 E STUART AVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	STD
NAME	FAZZINI, MARIA S
STREET ADDRESS	101 E STUART AVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	MANN, JOHN L
STREET ADDRESS	P.O. BOX 2435
CITY-ST-ZIP	LAKE WALES, FL 33806
TITLE	V
NAME	FAZZINI, SILVIO
STREET ADDRESS	101 E STUART AVE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #