

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 667746**

1. Entity Name  
**BOUNTIFUL LANDS, INC.**



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

Mailing Address  
**101 E STUART AVE  
LAKE WALES, FL 33853**



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FE# 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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000908267

05/06/08-80023-012 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FAZZINI, JOHN P  
101 E STUART AVE  
LAKE WALES, FL 33853**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
FAZZINI, MARIA S  
101 E STUART AVE  
LAKE WALES, FL 33853**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MANN, JOHN L  
P.O. BOX 2435  
LAKE WALES, FL 33806**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FAZZINI, SILVIO  
101 E STUART AVE  
LAKE WALES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

**SILVIO FAZZINI**

**4/18/08 863 676 0707**

Date

Daytime Phone #