

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667746

FILED
Mar 10, 2009
Secretary of State

Entity Name: BOUNTIFUL LANDS, INC.

Current Principal Place of Business:

101 E STUART AVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

101 E STUART AVE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-2106125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MANN, JOHN L
500 SOUTH FLORIDA AVENUE
SUITE 300
LAKELAND, FL 33801 US

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.

SIGNATURE:

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAZZINI, JOHN P
Address: 101 E STUART AVE
City-St-Zip: LAKE WALES, FL 33853

Title: STD () Delete
Name: FAZZINI, MARIA S
Address: 101 E STUART AVE
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: MANN, JOHN L
Address: P.O. BOX 2435
City-St-Zip: LAKE WALES, FL 33806

Title: V () Delete
Name: FAZZINI, SILVIO
Address: 101 E STUART AVE
City-St-Zip: LAKE WALES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. FAZZINI

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date