


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 730451	
1. Entity Name FLORIDA LIVE STEAMERS AND RAILROADERS, INC.	

Principal Place of Business 14043 S. HWY 12 BRISTOL, FL 32321	Mailing Address 14043 NW CR 12 BRISTOL, FL 32321-0311 US
---	--

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2484328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEENAN, THOMAS A 14043 S. HWY 12 BRISTOL, FL 32321

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAXTON, PHIL 6333 NE 120 ST OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOND, FOSTER 700 AVE. E, SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAIRD, LARRY 688 ATTAPULGAS RD. ATTAPULGUS, GA 317159753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, JOAN 9111 ERIE LANE PARRISH, FL 342199049
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O BOYCE, LARRY 16930 NE 31 LN WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOCKWOOD, RAY 253 VIA HAVARRE MERRITT ISLAND, FL 32953

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 617, 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: Joan Smith JOAN Smith 1-20-06 941-776-2109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #