

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 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**



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-2484328

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

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

U000000606817  
01/31/07-80011-020 61.25

**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

1-23-07

941-776-2109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #