

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 846066

1. Entity Name
SASSAFRAS COAL COMPANY



Principal Place of Business

145 SE HWY 441
OKEECHOBEE, FL 34973

Mailing Address

9 BARTLETT AVE
ERLANGER, KY 41018

FILED
Apr 18, 2005 08:00 AM
Secretary of State



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-----------------------------------|
| 4. FEI Number 61-0568866 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KELLY, HENRY C
145 SE HWY 441
OKEECHOBEE, FL 34973

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | KELLY, BETTY J |
| STREET ADDRESS | P.O. BOX 176, RTC-170A |
| CITY-ST-ZIP | OKEECHOBEE, FL 34973 |

| | |
|----------------|------------------------|
| TITLE | V |
| NAME | KELLY, BETTY J |
| STREET ADDRESS | P.O. BOX 176, RTC-170A |
| CITY-ST-ZIP | OKEECHOBEE, FL 34973 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

000000310798
04/18/05-80020-005 158.75

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:

Betty J. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #