


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 846066**  
 1. Entity Name  
**SASSAFRAS COAL COMPANY**



Principal Place of Business      Mailing Address  
**145 SE HWY 441**                      **9 BARTLETT AVE**  
**OKEECHOBEE, FL 34973**              **ERLANGER, KY 41018**

**DO NOT WRITE IN THIS SPACE**



01062008      No Chg-P      CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
**KELLY, BETTY**  
**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 *Betty J. Kelly*      (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000817970 02/15/08-80024-011 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, BETTY J P.O. BOX 176, RTC-170A OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, BETTY J P.O. BOX 176, RTC-170A OKEECHOBEE, FL 34973
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**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: *Betty J. Kelly*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR