

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 AM
Secretary of State



DOCUMENT # F19096

1. Entity Name
FLORIDA LAND & TRADING COMPANY

Principal Place of Business
 % C T CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

Mailing Address
 C/O P DOUGLAS FREEDLE
 515 MADISON AVE S 3304
 NEW YORK NY 10022
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **13-3076712**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FREEDLE, P DOUGLAS	
STREET ADDRESS	4224 BAY TO BAY BLVD	
CITY-STATE-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENNINGTON, DARLENE M	
STREET ADDRESS	ZION SHERMAN RD.	
CITY-STATE-ZIP	DRY RIDGE KY	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	PEDRETTI, RINA E	
STREET ADDRESS	27 27 203 ST	
CITY-STATE-ZIP	BAYSIDE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100000652978
CITY-STATE-ZIP	03/13/07-80002-009 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

P. Douglas Freedle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Douglas Freedle 2/1/07

212-935-0931

President

Date

Daytime Phone #