

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J35210

1. Entity Name
WINTER HAVEN LAND COMPANY



Principal Place of Business
6700 SOUTH FLORIDA AVENUE
SUITE 1
LAKELAND, FL 33813 US

Mailing Address
P O BOX 7220
LAKELAND, FL 33807 US



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3107435

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLSWORTH, SUZANNE M
6700 SOUTH FLORIDA AVENUE
STE. 1
LAKELAND, FL 33813

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 file 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
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
BADCOCK, MICHELLE E
6700 SOUTH FLORIDA AVENUE STE. 1
LAKELAND, FL 33183

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
ELLSWORTH, SUZANNE M
6700 SOUTH FLORIDA AVENUE, STE. 1
LAKELAND, FL 33183

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

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04/25/05-80112-003 150.00

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IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne M. Ellsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/05

Daytime Phone #

863-647-51

SUZANNE M. ELLSWORTH