

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01449**

1. Entity Name  
**FLORIDA LAND GROUP, INC.**



Principal Place of Business

**106 HATLEY ST S.E.  
JASPER, FL 32052 US**

Mailing Address

**PO BOX 191  
JASPER, FL 32052 US**

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-2974068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RATLIFF, VICKIE L.  
4466 US HIGHWAY SOUTH  
JASPER, FL 32052**

**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	RATLIFF, RONALD H.
STREET ADDRESS	4466 US HWY 41 S
CITY-ST-ZIP	JASPER, FL 32052
TITLE	S
NAME	MOODY, JAMES M.
STREET ADDRESS	15000 COUNTY ROAD 6 EAST
CITY-ST-ZIP	JASPER, FL 32052
TITLE	D
NAME	RATLIFF, VICKIE L.
STREET ADDRESS	4466 US HIGHWAY 41 S
CITY-ST-ZIP	JASPER, FL 32052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/12/05-80002-005 550.00

**DO NOT WRITE  
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Ronald H. Ratliff*  
**RONALD H. RATLIFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/11/05**

Daytime Phone #

**386-792-8484**