2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90037 001 ***317.50

DOCUMENT # P03000000971

1. Entity Name
BETTS LAND COMPANY, INC.

66006643

Principal Place of Business	Mailing Address
23412 NW CR 167 FOUNTAIN, FL 32438	PO BOX 76 FOUNTAIN, FL 32438

02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3074984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROBERTS, MARCUS W~~
~~23412 NW CR 167~~
~~FOUNTAIN, FL 32438~~

7. Name and Address of New Registered Agent

Name: Thomas A. David
Street Address (P.O. Box Number is Not Acceptable): Cooper & Byrne, PLLC
3520 Thomasville Road, Suite 200
City: Tallahassee FL Zip Code: 32303

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] 3/22/06
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, 2006 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	PTSO ROBERTS, MARCUS W ~~23412 NW CR 167~~, PO BOX 76 FOUNTAIN, FL 32438	☐ Delete Delete Street address
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

11. PSTD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERTS, MARCUS W PO BOX 76 FOUNTAIN, FL 32438	☑ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
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		☐ Change ☐ Addition

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: [signature] MARCUS ROBERTS 2-25-06 8507227511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #