

2006 FOR PROFIT CORPORATION ANNUAL REPORT

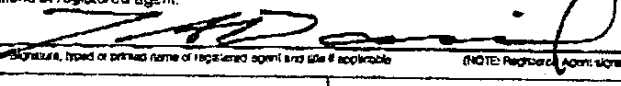
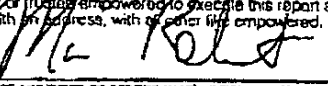
FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90037 001 ***317.50

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02242006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000000971			
1. Entity Name BETTS LAND COMPANY, INC.			
Principal Place of Business 23412 NW CR 167 FOUNTAIN, FL 32438		Mailing Address PO BOX 76 FOUNTAIN, FL 32438	
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: 		DATE: 3/22/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. P.S.T.D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ROBERTS, MARCUS W ☒ Delete ☐ Change 23412 NW CR 167, PO BOX 76 FOUNTAIN, FL 32438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, MARCUS W ☒ Change ☐ Addition PO BOX 76 FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 or without my empowered.			
SIGNATURE: 		DATE: 2-25-06 850722751	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	