

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90070 003 ***150.00

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1. Entity Name

SASSENACH LAND CORPORATION, INC.



Principal Place of Business

179 N. 9TH STREET
DEFUNIAK SPRINGS FL 33433

Mailing Address

P.O. BOX 1368
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

1662 THISTLE LANE
Ponce de Leon

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

32433

Country

US

Country

4. FEI Number

13-4237450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOZLOWSKI, KATHE ESQ.
179 N. 9TH STREET
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name KOZLOWSKI, KATHE ESQ

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

1662 THISTLE LANE

DEFUNIAK SPRINGS FL

Zip Code

32433

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, 2006 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 PST ☐ Delete
NAME KOZLOWSKI, FRANK A
STREET ADDRESS 1677 THISTLE LANE
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE D ☐ Delete
NAME KOZLOWSKI, KATHE
STREET ADDRESS 1677 THISTLE LANE
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #