

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90198 022 ***150.00

DOCUMENT # P04000012865

1. Entity Name
AMFARM FLOOD, INC.



Principal Place of Business
**1726 CYPRESS CREEK ROAD
LUTZ, FL 33559**

Mailing Address
**1726 CYPRESS CREEK ROAD
LUTZ, FL 33559**

00001355



2. Principal Place of Business - No P.O. Box #
1327 Haven Bend

3. Mailing Address
1327 Haven Bend

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
42-1617225

Applied For
Not Applicable

Zip
33613

Country
USA

Zip
33613

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLDING, CARLYLE M
1726 CYPRESS CREEK ROAD
LUTZ, FL 33559**

7. Name and Address of New Registered Agent

Name
Wolding, Carlyle M.

Street Address (P.O. Box Number is Not Acceptable) **1327 Haven Bend**

City
Tampa

FL

Zip Code
33613

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, 2007 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
**P/T
CATON, RONALD L
1327 HAVEN BEND
TAMPA, FL 33613** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/S
WOLDING, CARLYLE M
1726 CYPRESS CREEK ROAD
LUTZ, FL 33559** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP/S/T
Caton, Ronald L
1327 Haven Bend
Tampa, FL 33613** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Wolding, Carlyle M.
1327 Haven Bend
Tampa, FL 33613** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
John Jones
1353 Eastwood Dr.
Lutz, FL 33549** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Ronald L. Caton

Ronald Caton

4/19/07

813-949-0985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #