

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90018 042 ***150.00

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02192007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000144125

1. Entity Name
1ST DOWN TO EARTH CORPORATION



Principal Place of Business
181 RARDIN AVENUE
PAHOKEE, FL 33476

Mailing Address
181 RARDIN AVENUE
PAHOKEE, FL 33476

2. Principal Place of Business - No P.O. Box #
667 W. King St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 579
Suite, Apt. #, etc.

City & State
St. Augustine, FL
Zip
32084
Country
USA

City & State
Pahokee, FL
Zip
33476
Country
USA

4. FEI Number
APPLIED FOR 20-3776730
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAHOOK, NAIM
931 1/2 BACOM POINT ROAD
PAHOKEE, FL 33476

7. Name and Address of New Registered Agent

Name
Nawal Kahok
Street Address (P.O. Box Number is Not Acceptable)
1532 Bacom Point Rd.
City
Pahokee FL Zip Code
33476

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: Nawal Kahok
Signature, typed or printed name of registered agent and age if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 2-21-07

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	D	<input checked="" type="checkbox"/> Delete
NAME	KAHOOK, NAIM	
STREET ADDRESS	931 1/2 BACOM POINT ROAD	
CITY - ST - ZIP	PAHOKEE, FL 33476	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Kahok, Nawal	
STREET ADDRESS	1532 Bacom Point Rd.	
CITY - ST - ZIP	Pahokee, FL 33476	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Kahook, Nivien	
STREET ADDRESS	5123 Cypress Links Blvd.	
CITY - ST - ZIP	Eikton, FL 32033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Nawal Kahok Nawal Kahok 2-21-07 561-924-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #