

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000160789

1. Entity Name
BRITT'S LAND CLEARING INC.



Principal Place of Business
**2823 FOX RUN DRIVE
LAKE WALES, FL 33898-0803**

Mailing Address
**2823 FOX RUN DRIVE
LAKE WALES, FL 33898-0803**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3981547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRITT, TRACY L
2823 FOX RUN DRIVE
LAKE WALES, FL 33898-0803**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

U00000940201
05/28/08-80055-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRITT, TRACY L
STREET ADDRESS	2823 FOX RUN DRIVE
CITY-ST-ZIP	LAKE WALES, FL 338980803

TITLE	V
NAME	BRITT, TONDA K
STREET ADDRESS	2823 FOX RUN DRIVE
CITY-ST-ZIP	LAKE WALES, FL 338980803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-28-08** Daytime Phone #