



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90079 048 \*\*\*150.00

<b>DOCUMENT # P93000066797</b>					
1. Entity Name SENECA LAND COMPANY, INC.					
Principal Place of Business 3501 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023 US			Mailing Address 1822 NORTH MAIN STREET BUILDING C MADISONVILLE, KY 42431 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Post Office Box 1271			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Madisonville, KY		4. FEI Number 65-0439775	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		42431	USA		
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROBERT E		NAME		
STREET ADDRESS	1822 NORTH MAIN STREET, BLDG. C		STREET ADDRESS		
CITY-ST-ZIP	MADISONVILLE, KY 42431		CITY-ST-ZIP		
TITLE	SPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BADGETT, BROWN J		NAME		
STREET ADDRESS	1822 NORTH MAIN STREET, BLDG. C		STREET ADDRESS		
CITY-ST-ZIP	MADISONVILLE, KY 42431		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GISH, DONALD		NAME	SMITH, ROBERT E	
STREET ADDRESS	1822 NORTH MAIN STREET, BLDG C		STREET ADDRESS	1822 NORTH MAIN STREET, BLDG C	
CITY-ST-ZIP	MADISONVILLE, KY 42431		CITY-ST-ZIP	MADISONVILLE, KY 42431	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Brown Badgett, Jr.		02/08/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				270-825-0629	