


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028820	
1. Entity Name ATLANTIC LAND & TIMBER, INC.	

Principal Place of Business 5245 RAMSEY WAY, SUITE 7 FT. MYERS, FL 33902	Mailing Address PO BOX 904 ROSELAND, FL 32957 US
--	--



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0575238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CUTSHALL, PAUL
5245 RAMSEY WAY, SUITE 7
FT. MYERS, FL 33902**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000466080 03/22/06-60062 003 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUTSHALL, PAUL 5245 RAMSEY WAY, SUITE 7 FT. MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FONVIELLE, DAWN 9475 FLEMING GRANT ROAD MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONVIELLE, TIMOTHY D 9475 FLEMING GRANT ROAD MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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: Dawn Fonvielle Dawn Fonvielle 3/9/06 772 664 7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #