
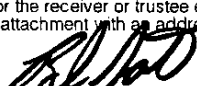


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90027 023 ***158.75

DOCUMENT # P96000050156					
1. Entity Name FLORIDA GREEN LAND AND TIMBER COMPANY, INC.					
Principal Place of Business 4481 RAINTREE DRIVE MACCLENLY FL 32063 US			Mailing Address P.O. BOX 403 MACCLENLY FL 32063 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3382884	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GATLIN, GERRA L 4481 RAINTREE DRIVE MACCLENLY FL 32063					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME GATLIN, RAY JUDGE STREET ADDRESS 4481 RAINTREE DRIVE CITY-ST-ZIP MACCLENLY FL 32063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE TSVD <input type="checkbox"/> Delete NAME GATLIN, GINA STREET ADDRESS LOT 24, OLD NURSERY PLANTATION CITY-ST-ZIP GLEN ST. MARY FL 32040	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE ATSV <input type="checkbox"/> Delete NAME GATLIN, BLAIR STREET ADDRESS BLAIR CIRCLE LOT 1 CITY-ST-ZIP GLEN ST. MARY FL 32040	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gatlin, Blair STREET ADDRESS Burnsed Crawford Road CITY-ST-ZIP Glen St. Mary, FL 32040				
TITLE D <input type="checkbox"/> Delete NAME GATLIN, BLAIR STREET ADDRESS BLAIR CIRCLE LOT 1 CITY-ST-ZIP GLEN ST. MARY FL 32040	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gatlin, Blair STREET ADDRESS Burnsed Crawford Road CITY-ST-ZIP Glen St. Mary, FL 32040				
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TITLE <input type="checkbox"/> Delete NAME 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 exemption stated in Section 119.07(3)(i), 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:  Blair Gatlin 04/05/05 904-259-3740					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					