

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90136 044 \*\*\*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

00006807



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3382884

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATLIN, GERRA L  
4481 RAINTREE DRIVE  
MACCLENLY FL 32063

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GATLIN, RAY JUDGE  
STREET ADDRESS 4481 RAINTREE DRIVE  
CITY-ST-ZIP MACCLENLY FL 32063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TSVD ☐ Delete  
NAME GATLIN, GINA  
STREET ADDRESS ~~XXXXXX NURSERY PLANTATION~~  
CITY-ST-ZIP GLEN ST. MARY FL 32040

TITLE ☒ Change ☐ Addition  
NAME Gatlin, Gina  
STREET ADDRESS Andrews Street  
CITY-ST-ZIP Glen St. Mary, FL 32040

TITLE ATSV ☐ Delete  
NAME GATLIN, BLAIR  
STREET ADDRESS BURNSED CRAWFORD ROAD  
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GATLIN, BLAIR  
STREET ADDRESS BURNSED CRAWFORD ROAD  
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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

Blair D. Gatlin

03/21/06 904-259-3740

Date

Daytime Phone #