


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**3 Mar 19, 2007 8:00 am
Secretary of State**

03-01-2007 90017 049 ***150.00

| | |
|--|---|
| DOCUMENT # P96000066599 1. Entity Name FLORIDA LAND & TIMBER CORPORATION |  |
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|--|--|
| Principal Place of Business 5201 VILLAGE BLVD WEST PALM BEACH, FL 33407 US | Mailing Address 5201 VILLAGE BLVD WEST PALM BEACH, FL 33407 US |
|--|--|



01122007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0690058 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NEEDLE, DAVID
5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing, 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 DATE Registered Agent signature required when re-registering DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS NEEDLE, DAVID 5201 VILLAGE BLVD WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD NEEDLE, ROBERT 5201 VILLAGE BLVD WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07
Date

Daytime Phone #