


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000103323	
1. Entity Name FLORIDA FLATWOODS, CORP.	

Principal Place of Business 194 WILL DUKE ROAD WAUCHULA, FL 33873	Mailing Address PO BOX 1087 WAUCHULA, FL 33873
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1019782	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

BEST, CHARLES E
194 WILL DUKE ROAD
WAUCHULA, FL 33873

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000348268
05/02/05-80019-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, EDGAR L P.O. BOX 1087 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEST, CHARLES E P.O. BOX 1087 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, WILLIAM K P.O. BOX 1087 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEST, GAIL D P.O. BOX 1087 WAUCHULA, FL 33873
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 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: Charles E. Best **4-25-05** **863-723859**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #