

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90822 020 ***150.00

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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**

40092257



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1019782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**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	PD
NAME	DAVIS, EDGAR L
STREET ADDRESS	P.O. BOX 1087
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	VD
NAME	BEST, CHARLES E
STREET ADDRESS	P.O. BOX 1087
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	VD
NAME	DAVIS, WILLIAM K
STREET ADDRESS	P.O. BOX 1087
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	STD
NAME	BEST, GAIL D
STREET ADDRESS	P.O. BOX 1087
CITY-ST-ZIP	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 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

Date

Daytime Phone #

Charles E. Best
Vice President 4/25/07 (863) 773-4159