2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000103323

FLORIDA FLATWOODS, CORP.

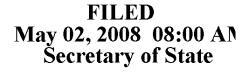


Principal Place of Business

194 WILL DUKE ROAD WAUCHULA, FL 33873 Mailing Address

PO BOX 1087

WAUCHULA, FL 33873





DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number	[A]	pplied For	
65-1019782	No	ot Applicable	
5. Certificate of Status Desired	\$8.75 Add	5 Additional	

863-773-4159

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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 Signature: typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS				,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, EDGAR L P.O. BOX 1087 WAUCHULA, FL 33873				00000094 05/30/08-80	6910 068-008 150.00		
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			DO	NOT WRI	TE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEST, GAIL D P.O. BOX 1087 WAUCHULA, FL 33873			IN 7	THIS SPAC	CE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						v gr		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				*		- 44		
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 reports 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 trusted impowered 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 the perfect sets with all other like empowered.								

4/29/08