

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90307 043 \*\*\*150.00

**DOCUMENT # 857612**  
 1. Entity Name  
 F & W FORESTRY SERVICES, INC.



Principal Place of Business  
 1310 OAKRIDGE DR.  
 P.O. BOX 3610  
 ALBANY, GA 31707

Mailing Address  
 1310 OAKRIDGE DR.  
 P.O. BOX 3610  
 ALBANY, GA 31707

94049558



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

03192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 WEBER, RUSSELL D  
 3600 NW 43RD STREET  
 SUITE E-4  
 GAINESVILLE, FL 32606

4. FEI Number  
 58-0971978

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZER, ELEY C., III		NAME		
STREET ADDRESS	1204 THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, GA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Exec. Vice-President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERBEE, FRANK P., JR.		NAME	Robert B. Routhier, Jr.	
STREET ADDRESS	1102 N. HARDING		STREET ADDRESS	117 Mock Road	
CITY-ST-ZIP	ALBANY, GA		CITY-ST-ZIP	Sylvester, GA 31791	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, VERDIE		NAME		
STREET ADDRESS	2404 NOTTINGHAM WAY		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, GA		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARSHALL D		NAME		
STREET ADDRESS	5015 BARRINGTON		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, GA		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, KATHERINE E		NAME		
STREET ADDRESS	2605 BRITTANY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, GA 31707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *Verdie Bullock* **Verdie Bullock** **3/18/04** **229-883-0505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #