

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54522

Entity Name: COLUMBIA TIMBER CO., INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4424 NW 13TH ST.
SUITE C-2
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

4424 NW 13TH ST.
SUITE C-2
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3038167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, ALBERT PRES
6425 N.W. 54TH WAY
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DAVIDSON, ALBERT PRES
Address: 6425 NW 54TH WAY
City-St-Zip: GAINESVILLE, FL 32653

Title: DVS () Delete
Name: MCRAE, NORMAN I
Address: RT 9 BOX 4519
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: MCRAE, NORMAN I
Address: 534 SW BROOKWOOD DRIVE
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT DAVIDSON

PRES

03/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date