


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90374 027 ***150.00

DOCUMENT # P05000046910					
1. Entity Name TIMBERLINE TRADING COMPANY, INC.					
Principal Place of Business 3375-B COPTER ROAD PENSACOLA, FL 32514		Mailing Address 3375-B COPTER ROAD PENSACOLA, FL 32514			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2691565	
5. Certificate of Status Desired <input type="checkbox"/>		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			7. Name and Address of New Registered Agent		
MOORHEAD, STEPHEN R 4300 BAYOU BLVD., SUITE 13 PENSACOLA, FL 32503			Name MOORHEAD, STEPHEN R. Street Address (P.O. Box Number is Not Acceptable) 25 W. Government St.		
(ADDRESS CHANGE) ONLY			City Pensacola		
			FL		
			Zip Code 32502		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTON, DEBRA L	NAME			
STREET ADDRESS	1800 MATE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, BETTYE S	NAME			
STREET ADDRESS	2505 FARRIS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, A.J.	NAME			
STREET ADDRESS	2505 FARRIS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, JEREMY	NAME			
STREET ADDRESS	2628 YOUNGWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533	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			
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 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: <i>Debra L. Barton</i>		Date: 3/29/06		850-857-7792	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Debra L. Barton, President

03/29/06