


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000046910 1. Entity Name TIMBERLINE TRADING COMPANY, INC.	
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Principal Place of Business 3375-B COPTER ROAD PENSACOLA, FL 32514	Mailing Address 3375-B COPTER ROAD PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2691565	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

MOORHEAD, STEPHEN R
 25 W GOVERNMENT ST
 PENSACOLA, FL 32502

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 _____ 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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000798427
 01/30/08-80027-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTON, DEBRA L 1800 MATE CIRCLE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, BETTYE S 2505 FARRIS AVENUE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILSON, A.J. 2505 FARRIS AVENUE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, JEREMY 2628 YOUNGWOOD LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Debra L. Barton President Date: 1/21/08 (850) 857-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Debra L. Barton, President