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Mar 17, 2008 8:00 am
Secretary of State
02-19-2008 90022 001 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000038741

1. Entity Name
LLOYD TIMBER, INC.

Principal Place of Business
15657 COUNTY ROAD 108
HILLIARD, FL 32046

Mailing Address
15657 COUNTY ROAD 108
HILLIARD, FL 32046

66004014

02122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 71-1038452 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
LLOYD, ANNA
15657 COUNTY ROAD 108
HILLIARD, FL 32046

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 _____
Signature, typed or printed name of registered agent and title 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLOYD, CHRISTOPHER R	NAME	
STREET ADDRESS	15657 COUNTY ROAD 108	STREET ADDRESS	
CITY-ST-ZIP	HILLIARD, FL 32046	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLOYD, ROBIN D	NAME	
STREET ADDRESS	15657 COUNTY ROAD 108	STREET ADDRESS	
CITY-ST-ZIP	HILLIARD, FL 32046	CITY-ST-ZIP	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLOYD, ANNA L	NAME	
STREET ADDRESS	15657 COUNTY ROAD 108	STREET ADDRESS	
CITY-ST-ZIP	HILLIARD, FL 32046	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Anna Lloyd 2-15-08 904-845-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #