2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2005 08:00 AM Secretary of State

DOCUMENT # P95000072313 1. Entity Name WILLIS TIMBER CORPORATION					Sec	retary of State
Principal Place of Business Mailing Address 2416 WINTHROP ROAD TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 US			US	1 (11)		
C	O NOT WRITE 6. Name and Address of Current Re		CE	07072005 4. FEI Numb 59-333	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
WILLIS, BEN C JR. 2416 WINTHROP ROAD TALLAHASSEE, FL 32312			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 Signature, your or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing \$ Trust Fund Contribution.				.00 May Se ed to Fees	In accordance wit corporation did no	h s. 607.193(2)(b), F.S., the treceive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP	OFFICERS AND DIE D WILLIS, BEN C JR. 2416 WINTHROP ROAD TALLAHASSEE, FL	ECTORS			U000 - 07/11/0	300372163 95-80021-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					····	
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 perspective 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 impowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #						
Ben & Wills						