

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000015679
 1. Entity Name
 WEBB TIMBERLANDS, INC.



Principal Place of Business: 502 S. RANGE ST. MADISON, FL 32340
 Mailing Address: PO BOX 540 MADISON, FL 32341-0540



05312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3564353 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRAZIER, W. ROBINSON
 1515 RIVERSIDE AVE., STE. A
 JACKSONVILLE, FL 32204

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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 \$550.00
Due by September 8, 2004

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

U00000162383
 06/10/04-80001-021 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBB, VERNAL A
STREET ADDRESS	PO BOX 540
CITY-ST-ZIP	MADISON, FL 323410540
TITLE	D
NAME	WEBB, W. GARY
STREET ADDRESS	RT 3, BOX 1102
CITY-ST-ZIP	MADISON, FL 32340
TITLE	D
NAME	HAMMOCK, LYNDA J
STREET ADDRESS	257 NE PINEAPPLE STREET
CITY-ST-ZIP	PINETTA, FL 32350
TITLE	D
NAME	CHAMBLIN, JANET S
STREET ADDRESS	RT 4 BOX 1449
CITY-ST-ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Vernal A. Webb 6-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #