


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

03-28-2008 90041 013 ***150.00

DOCUMENT # P99000015679				
1. Entity Name WEBB TIMBERLANDS, INC.				
Principal Place of Business 260 SW RANGE AVE MADISON, FL 32340		Mailing Address PO BOX 540 MADISON, FL 32341-0540		66006952
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number 59-3564353
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE., STE. A JACKSONVILLE, FL 32204			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL
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: <u><i>Vernal A. Webb</i></u>			DATE: <u><i>3-12-08</i></u>	
<p align="center">FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>			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	WEBB, VERNAL A	NAME		
STREET ADDRESS	PO BOX 540	STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 323410540	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, W. GARY	NAME		
STREET ADDRESS	12166 N. STATE ROAD 53	STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOCK, LYNDA J	NAME		
STREET ADDRESS	257 NE PINEAPPLE STREET	STREET ADDRESS		
CITY-ST-ZIP	PINETTA, FL 32350	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBLIN, JANET S	NAME		
STREET ADDRESS	1820 N. STATE ROAD 53	STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340	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: <u><i>Vernal A. Webb</i></u>			DATE: <u><i>3-17-08</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE	