

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857612

**Entity Name:** F & W FORESTRY SERVICES, INC.

**Current Principal Place of Business:**

1310 OAKRIDGE DR.  
ALBANY, GA 31707

**Current Mailing Address:**

P. O. BOX 3610  
ALBANY, GA 31706

**FEI Number:** 58-0971978

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CROFT, BRYAN  
1950 MILLER STREET  
SUITE 5  
ORANGE PARK, FL 32073 US

*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.*

**SIGNATURE:** BRYAN CROFT

02/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GODFREY, DOMINIE  
Address        P. O. BOX 3610  
City-State-Zip: ALBANY GA 31706

Title           PD, DIRECTOR  
Name           THOMAS, MARSHALL D  
Address        2012 DEVON DRIVE  
City-State-Zip: ALBANY GA 31721

Title           COO, DIRECTOR  
Name           JORDAN, JEFF  
Address        1310 OAKRIDGE DR.  
City-State-Zip: ALBANY GA 31707

Title           CFO, DIRECTOR  
Name           FARMER, SONYA  
Address        1310 OAKRIDGE DR.  
City-State-Zip: ALBANY GA 31707

Title           CBO, DIRECTOR  
Name           STRICKLAND, JODY  
Address        115 BARNSTABLE ROAD  
City-State-Zip: PERRY GA 31069

Title           CFO, DIRECTOR  
Name           LOGAN, STEPHEN  
Address        P. O. BOX 3610  
City-State-Zip: ALBANY GA 31706

Title           DIRECTOR, VP  
Name           ROUTHIER, ROB  
Address        P. O. BOX 3610  
City-State-Zip: ALBANY GA 31706

Title           DIRECTOR, VP  
Name           WEBER, RUSS  
Address        3621 NW 30TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHALL D THOMAS

PRESIDENT

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VP  
Name MCDONALD, WADE  
Address POST OFFICE BOX 445  
City-State-Zip: STATESBORO GA 30459

Title VP, DIRECTOR  
Name LYONNET, ALEJANDRO  
Address SANLUCAR 1491 OF. 104 - CP 1500  
City-State-Zip: MONTEVIDEO OC

Title VP, DIRECTOR  
Name WILLIAMSON, BRENT  
Address 375 OLD CALION ROAD  
City-State-Zip: EL DORADO AZ 71730

Title VP, DIRECTOR  
Name WORRELL, GLEN  
Address 404 8TH ST NE  
SUITE C  
City-State-Zip: CHARLOTTESVILLE VA 22902

Title VP, DIRECTOR  
Name MURRAY, DOUGLAS  
Address COURT BARN  
City-State-Zip: EXETER OC