2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2005 8:00 am Secretary of State **DOCUMENT # 140856** 1. Entity Name 03-29-2005 90014 036 \*\*\*150.00 PANACEA TIMBER COMPANY Principal Place of Business Mailing Address 1300 EXECUTIVE CENTER DR. 1300 EXECUTIVE CENTER DR. SUITE 106 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Center Dr 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 59-0634405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGLISH, COLIN JR. Street Address (P.O. Box Number is Not Acceptable) 1300 EX. CENTER DR. SUITE 106 TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition ENGLISH, COLIN JR., 1 NAME NAME 1300 EX. CENTER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP DS □ Delete ☐ Change Addition ENGLISH, PHYLLIS NAME NAME STREET ADDRESS 1300 EX. CENTER DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP - - Defete - TITLE ☐ Change - Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Delete TOTALE Change | Addition TITLE 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 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 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.

**FILED**