


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 MAR -6 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # 140856                        |  |  |
| 1. Entity Name<br>PANACEA TIMBER COMPANY |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>1311 EXECUTIVE CENTER DR.<br>SUITE 121<br>TALLAHASSEE, FL 32301 | Mailing Address<br>1311 EXECUTIVE CENTER DR.<br>SUITE 121<br>TALLAHASSEE, FL 32301 |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



01092008 Chg-P CR2E034 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-0634405 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent                                 |  | 7. Name and Address of New Registered Agent                                       |  |
| ENGLISH, COLIN JR.<br>1311 EX. CENTER DR.<br>SUITE 106<br>TALLAHASSEE, FL 32301 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |                                |
|---|---|--------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|---|---|--------------------------------|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>ENGLISH, COLIN JR.<br>1311 EX. CENTER DR.<br>TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>ENGLISH, PHYLLIS<br>1311 EX CTR DR<br>TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Colin English, Jr. President 3/5/2008 850-877-8543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Colin English, Jr. - President