


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90197 025 \*\*\*150.00

<b>DOCUMENT # 193199</b> 1. Entity Name <b>DANIELS TIMBER, INC.</b>					
Principal Place of Business <b>RT 2 BOX 1760 LAKE CITY, FL 32024 US</b>			Mailing Address <b>RT 2 BOX 1760 LAKE CITY FLA, 32024 US</b>		
2. Principal Place of Business <i>6260 SW TUSTENUGGEE AVE</i> Suite, Apt. #, etc.		3. Mailing Address <i>6260 SW TUSTENUGGEE AVE</i> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0213497</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DANIELS, PAT T RT 2 BOX 1760 LAKE CITY, FL 32024</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>6260 SW TUSTENUGGEE AVE</i> City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, PAT T RT 2 BOX 1760 LAKE CITY, FL 32024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6260 SW TUSTENUGGEE AVE</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARPENTER, DENNIS 950 LAKE MONTGOMERY DR LAKE CITY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TREAS GRAHAM B SEANKE SE 902 CR 245 LAKE CITY FL 32025 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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.					
<b>SIGNATURE:</b> <i>T. PAT DANIELS</i> <b>T. PAT DANIELS PRESIDENT 4-25-05 386-755-4385</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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