


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 311307 1. Entity Name TIMBERLAKE INC	
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Principal Place of Business 215 MC DONALD ST. P.O. BOX 2297 LAKELAND, FL 33806-9297	Mailing Address 215 MC DONALD ST. P.O. BOX 2297 LAKELAND, FL 33806-9297
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1215510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURT, GEORGE R
215 MC DONALD ST.
P.O. BOX 2297
LAKELAND, FL 33806**

**DO NOT WRITE
IN THIS SPACE**

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 restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000912364 05/07/08 00077 010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, GEORGE R 215 MCDONALD ST LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONE, BEVERLY 215 MCDONALD ST LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BURT, JEAN O. 215 MCDONALD ST LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANUTOLO, RUSSELL 215 MACDONALD STREET LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: George R. Burt, Pres Date: 4-17-08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GEORGE R. BURT