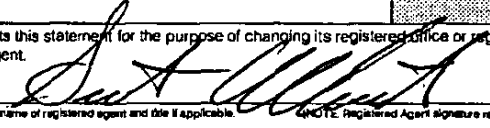
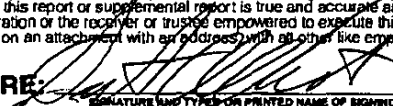


FILED
Mar 17, 2004 8:00 am
Secretary of State

02-25-2004 90060 042 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 322603 1. Entity Name VOLUSIA TIMBER CORPORATION			
Principal Place of Business 411 NORTH CENTER ST. P.O. BOX 1 PIERSON, FL 32180 US		Mailing Address 411 NORTH CENTER ST. P.O. BOX 1 PIERSON, FL 32180 US	
DO NOT WRITE IN THIS SPACE			
		02102004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1174669		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBRIGHT, THOMAS D 141 BUCKSKIN LANE ORMOND BCH., FL 32074		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  DATE <u>2-19-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALBRIGHT, THOMAS B 1 ARROWHEAD DRIVE ORMOND BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALBRIGHT, SCOTT R. 5500 N.W. 160TH ST. REDDICK, FL 32688		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 an other like empowered. SIGNATURE  Date _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			