

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90334 042 ***150.00

DOCUMENT # 322603

1. Entity Name
VOLUSIA TIMBER CORPORATION



Principal Place of Business Mailing Address
411 NORTH CENTER ST. **411 NORTH CENTER ST.**
P.O. BOX 1 **P.O. BOX 1**
PIERSON, FL 32180 US **PIERSON, FL 32180 US**

50039909



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 *Scott ALBRIGHT*
141 BUCKSKIN LANE *5500 NW 160TH ST*
ORMOND BCH., FL 32074 *Reddick, FL*
32686

**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 *[Signature]* DATE *4-15-05*
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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ALBRIGHT, THOMAS B
STREET ADDRESS	1 ARROWHEAD DRIVE
CITY - ST - ZIP	ORMOND BEACH, FL
TITLE	DVP
NAME	ALBRIGHT, SCOTT R.
STREET ADDRESS	5500 N.W. 160TH ST.
CITY - ST - ZIP	REDDICK, FL 32686
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-15-05* Daytime Phone # *352-208-7721*