


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90007 035 \*\*\*150.00

**DOCUMENT # 674071**  
 1. Entity Name  
**SUWANNEE LAND & TIMBER, INC.**



**44010666**



Principal Place of Business      Mailing Address  
**412 NE 16TH AVE, STE 130**      **412 NE 16TH AVE, STE 130**  
**POB 1776**      **POB 1776**  
**GAINESVILLE, FL 32601 US**      **GAINESVILLE, FL 32601 US**

2. Principal Place of Business      3. Mailing Address  
**4127 NW 27th Ln.**      **PO Box 357845**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite A**

City & State      City & State  
**Gainesville FL**      **Gainesville FL**  
 Zip      Country      Zip      Country  
**32606 USA**      **32635 USA**

01222004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**59-2114240**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**LEE, CARIDAD E.**  
**412 N.E. 16TH AVE.**  
**GAINESVILLE, FL 32601**

Name      **Caridad E. Lee**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4127 NW 27th Ln, Suite A**  
 City      **Gainesville**      State      **FL**      Zip      **32606**

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      *Caridad E. Lee*      **Caridad E. Lee**      **1/28/04**  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CARIDAD E	NAME	<b>Caridad E. Lee</b>
STREET ADDRESS	412 NE 16TH AVE.	STREET ADDRESS	<b>4127 NW 27th Ln, Suite A</b>
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	<b>Gainesville FL 32606</b>
TITLE	AS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, LISA S	NAME	<b>Lisa S. Davies</b>
STREET ADDRESS	412 N.E. 16TH AVE.	STREET ADDRESS	<b>4127 NW 27th Ln, Suite A</b>
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	<b>Gainesville FL 32606</b>
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JANET L	NAME	<b>Janet L. McDonald</b>
STREET ADDRESS	412 NE 16TH AVE	STREET ADDRESS	<b>4127 NW 27th Ln, Suite A</b>
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	<b>Gainesville FL 32606</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other I am empowered.

SIGNATURE:      *Caridad E. Lee*      **Caridad E. Lee**      **1/28/04**      **352-334-1976**  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #