

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 674071

1. Entity Name
SUWANNEE LAND & TIMBER, INC.



Principal Place of Business
 4127 NW 27TH LN.
 STE A
 GAINESVILLE, FL 32606 US

Mailing Address
 PO BOX 357845
 GAINESVILLE, FL 32635 US



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2114240 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, CARIDAD E.
 4127 NW 27TH LN. STE A
 GAINESVILLE, FL 32606

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PS
 NAME LEE, CARIDAD E
 STREET ADDRESS 4127 NW 27TH LANE STE A
 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE PS
 NAME DAVIES, LISA
 STREET ADDRESS 4127 NW 27TH LN STE A
 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE VP
 NAME MCDONALD, JANET L
 STREET ADDRESS 4127 NW 27TH LN. STE A
 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE
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 02/01/06-80039-004 150.00

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 empowerment.

SIGNATURE: Caridad E. Lee Date: 1/18/06 Daytime Phone: 352-334-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone