## 2008 FOR PROFIT CORPORATION

## Jan 24, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #674071** 01-24-2008 90045 024 \*\*\*150.00 1. Entity Name SUWANNEE LAND & TIMBER, INC. Principal Place of Business Mailing Address 4127 NW 27TH LN. PO BOX 357845 GAINESVILLE, FL 32635 US STE A GAINESVILLE, FL 32606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-2114240 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEE, CARIDAD E. Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27TH LN. STE A GAINESVILLE, FL 32606 City Zip Code 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, 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ■ Addition TITLE ☐ Delete THIE LEE, CARIDAD E NAME NAME STREET ADDRESS 4127 NW 27TH LANE STE A STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP GAINESVILLE, FL 32606 PS Secretary ☐ Addition ☐ Delete TITLE Secretary Change TITLE Davies, Lisa 4127 NW 27th Lane DAVIES, LISA NAME 4127 NW 27TH LN STE A STREET ADDRESS STREET ADDRESS Cainesville, FL 32606 GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE MCDONALD, JANET L NAME NAME STREET ADDRESS STREET ADDRESS 4127 NW 27TH LN. STE A CITY-ST-7IP CITY-ST-ZIP GAINESVILLE, FL 32606 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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

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