2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 856187

1. Entity Name
TIMBERLAKE CONSTRUCTION CO. OF OKLAHOMA

Principal Place of Business	Mailing Address
7613 N CLASSEN OKLAHOMA CITY, OK 73116	P.O. BOX 18297 OKLAHOMA CITY, OK 73154

02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-0999516
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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, 2004 Fee will be $550.00

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

U00000061988
02/23/04-80103-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIMBERLAKE, DAVID B
STREET ADDRESS	3801 RIDGEWOOD DR.
CITY-ST-ZIP	EDMOND, OK 73013
TITLE	STD
NAME	COX, JOHN
STREET ADDRESS	6616 NW 19TH
CITY-ST-ZIP	OKLAHOMA CITY, OK 73162
TITLE	D
NAME	TIMBERLAKE, D. BRYAN II
STREET ADDRESS	71 BOX BEND TR
CITY-ST-ZIP	EDMOND, OK 73034
TITLE	D
NAME	CRUMP, AMY
STREET ADDRESS	2713 NW 157TH ST
CITY-ST-ZIP	EDMOND, OK 73013
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: John W Cox John W Cox 2-16-04 (405) 840-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #