

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005839

1. Entity Name
TIMBER DEVELOPMENT OF CENTRAL FLORIDA, INC.



Principal Place of Business
1060 W. STATE RD. 434
SUITE 112
LONGWOOD, FL 32750

Mailing Address
1548 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2295120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TIMMONS, MICHAEL S
1548 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/05

DATE

**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

U00000254969

03/07/05-80093-024 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME TIMMONS, MICHAEL S
STREET ADDRESS 1548 REDWOOD GROVE TERRACE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE S
NAME TIMMONS, KELLI
STREET ADDRESS 1548 REDWOOD GROVE TERRACE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VP
NAME BERCU, DOUGLAS
STREET ADDRESS 3170 PALRSADERS CT.
CITY-ST-ZIP MARIETTA, GA 30067

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)(f), 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:

PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05
Date

407-830-8863
Daytime Phone #