


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90035 028 ***150.00

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								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address 1726 Bridgewater Drive Suite, Apt. #, etc. City & State Lake Mary, FL									
Zip 32746		Country Seminole		4. FEI Number 58-2295120							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> 6. Name and Address of Current Registered Agent TIMMONS, MICHAEL S 1548 REDWOOD GROVE TERRACE LAKE MARY, FL 32746 </td> <td colspan="3" style="padding: 5px;"> 7. Name and Address of New Registered Agent Name Timmons, Michael S Street Address (P.O. Box Number is Not Acceptable) 1726 Bridgewater Drive City Lake Mary FL Zip Code 32746 </td> </tr> </table>						6. Name and Address of Current Registered Agent TIMMONS, MICHAEL S 1548 REDWOOD GROVE TERRACE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Timmons, Michael S Street Address (P.O. Box Number is Not Acceptable) 1726 Bridgewater Drive City Lake Mary FL Zip Code 32746		
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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 <u><i>Michael S. Timmons</i></u> DATE <u>2/6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMMONS, MICHAEL S 1726 BRIDGEWATER DR LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIMMONS, KELLI 1726 BRIDGEWATER DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERCU, DOUGLAS 2954 WINDSTONE CIRCLE MARIETTA, GA 30062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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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 empowered.											
SIGNATURE: <u><i>Michael S. Timmons</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/6/08</u> Daytime Phone # <u>407-830-8863</u>								