


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F21615</b> 1. Entity Name SOUTHEAST TIMBER BRIDGE COMPANY, INC.	
---	---

Principal Place of Business 2060D NE OCEAN BLVD STUART, FL 34996	Mailing Address 5945 WEST MAIN SUITE 205 KALAMAZOO, MI 49009 US
--	--

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-2399357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROBERTS, WILLIAM J 217 S ADAMS ST TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRENN, SANDRA 5945 WEST MAIN SUITE 205 KALAMAZOO, MI 49009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUCKETT, TAMRA 5945 WEST MAIN SUITE 205 KALAMAZOO, MI 49009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRENN, ERVIN A 5945 WEST MAIN SUITE 205 KALAMAZOO, MI 49009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRENN, ROBERT 5945 WEST MAIN SUITE 205 KALAMAZOO, MI 49009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/19/05-80017-025 150.00

**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:** Tamra Puckett 1/12/05 267-375-3258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #