## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # F33544 1. Entity Name 04-13-2006 90286 009 \*\*\*150.00 LLOYD & SONS LOGGING COMPANY, INC. Principal Place of Business Mailing Address 15659 CR 108 HILLIARD FL 32046 15659 CR 108 HILLIARD FL 32046 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 59-2075627 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LLOYD, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 15659 CR 108 HILLIARD FL 32046 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete ☐ Change ☐ Addition TITLE NAME LLOYD, TERRANCE D. NAME STREET ADDRESS STREET ADDRESS RT 5 BOX 73-A-60 CITY-ST-ZIP NAHUNTA GA 31553 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE LLOYD, ROBIN D NAME NAME STREET ADDRESS STREET ADDRESS 15657 CR 108 HILLIARD FL 32046 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition LLOYD ANN NAME STREET ADDRESS STREET ADDRESS 15659 CR 108 CITY-ST-ZIP CHTY-ST-ZIP HILLIARD FL 32046 ☐-Delete ☐ Change Addition TITLE TITLE Secretary NAME RIS BOX 73- A-60 31553 STREET ADDRESS STREET ADDRESS 69 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

□ Delete

**FILED** 

☐ Change

☐ Change

☐ Addition

☐ Addition