

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F33544

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: LLOYD & SONS LOGGING COMPANY, INC.

**Current Principal Place of Business:**

15659 CR 108  
HILLIARD, FL 32046

**New Principal Place of Business:**

518 LLOYD LANE  
NAHUNTA, GA 31553

**Current Mailing Address:**

15659 CR 108  
HILLIARD, FL 32046 US

**New Mailing Address:**

FEI Number: 59-2075627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLOYD, CHARLES H  
15659 CR 108  
HILLIARD, FL 32046 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: LLOYD, TERRANCE D.  
Address: RT 5 BOX 73-A-60  
City-St-Zip: NAHUNTA, GA 31553

Title: P ( ) Delete  
Name: LLOYD, CHARLES H  
Address: 15689 CR 108  
City-St-Zip: HILLIARD, FL 32046

Title: T ( ) Delete  
Name: LLOYD, ANN  
Address: 15659 CR 108  
City-St-Zip: HILLIARD, FL 32046

Title: S ( ) Delete  
Name: LLOYD, VICKI  
Address: RT 5 BOX 73-A-60  
City-St-Zip: NAHUNTA, GA 31553

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: LLOYD, TERRANCE D.  
Address: 518 LLOYD LANE  
City-St-Zip: NAHUNTA, GA 31553

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LLOYD, VICKI  
Address: 518 LLOYD LANE  
City-St-Zip: NAHUNTA, GA 31553

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRANCE D. LLOYD

PS

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date