## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 29, 2004 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # F66075** 1. Entity Name TALL TIMBERS INVESTMENT CORPORATION Principal Place of Business Mailing Address 230 JOHN KNOX RD 230 JOHN KNOX RD SUITE 2 SUITE 2 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 US 04272004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-8404820 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DRAKE, THADDEUS V DO NOT WRITE 230 JOHN KNOX RD TALLAHASSEE, FL 32303 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000140901 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MILE DRAKE, THADDEUS V MAME STREET ADDRESS 230 JOHN KNOX RD TALLAHASSEE, FL 32303 CRY-ST-ZIP TITLE KAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HARE STREET ADDRESS CTTY-ST-ZIP DIE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 bits report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching on the receiver of the components.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZP