

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001402**

1. Entity Name  
**FORESTRY & LAND RESOURCE CONSULTANTS, INC.**



Principal Place of Business

**6717 TRAPPER WAY  
MIDLAND, GA 31820**

Mailing Address

**6717 TRAPPER WAY  
MIDLAND, GA 31820**

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-2917742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HADDOCK, RICHARD  
1179 EXECUTIVE COVE DR.  
JACKSONVILLE, FL 32259**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000124102  
04/22/04-80030-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CE
NAME	O'BRIEN, EDWARD L
STREET ADDRESS	164 TREVINO DR.
CITY- ST- ZIP	SAM RAYBURN, TX 75951
TITLE	VCVP
NAME	WILLIAMS, F. LEWIS
STREET ADDRESS	1407 LIVE OAK
CITY- ST- ZIP	LUFKIN, TX 75904
TITLE	PD
NAME	KLETO, PETE T
STREET ADDRESS	6717 TRAPPER WAY
CITY- ST- ZIP	MIDLAND, GA 31820
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:**

*Pete T. Kleto* - Pete T. Kleto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04**

Date

**706-568-3944**

Daytime Phone #