


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # G80387
1. Entity Name
SUWANNEE TIMBER, INC.



Principal Place of Business Mailing Address
6551 NW 100TH STREET P.O. BOX 843
CHIEFLAND, FL 32626 US CHIEFLAND, FL 32644 US

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2403806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

USHER, E. T.
6551 NW 100TH STREET
P.O. BOX 843
CHIEFLAND, FL 32626

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P USHER, E. T. 6551 NW 100TH STREET, P.O. BOX 843 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRINER, LYNETTA USHER 6551 NW 100TH STREET, P.O. BOX 843 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRINER, KEN D. 6551 NW 100TH ST PO BOX 843 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: *LYNETTA USHER GRINER* Date: *04/13/05* Daytime Phone #: *(352)493-2568*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR