


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # G80387 1. Entity Name SUWANNEE TIMQER, INC.	
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Principal Place of Business 6551 NW 100TH STREET CHIEFLAND, FL 32626 US	Mailing Address P.O. BOX 843 CHIEFLAND, FL 32644 US
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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04/27/07-80053-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lyretta Usher Griner 04/16/07 (352) 493-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LYNETTA USHER GRINER, SECRETARY