2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H50825

Entity Name: SOUTHWEST TIMBER CO., INC.

FILED Jan 05, 2005 Secretary of State

732 BLOUNTSTOWN HWY. 20 AVENUE D. SUITE 206 TALLAHASSEE, FL 32304 APALACHICOLA, FL 32320

Current Mailing Address: New Mailing Address:

P.O. BOX 2442 P.O. BOX 33

APALACHICOLA, FL 32329 TALLAHASSEE, FL 32316

FEI Number: 59-2527827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CASHIN, KEN FLOYD, J. PATRICK 732 BLOUNTSTOWN HWY. 20 AVENUE D, SUITE 206 US TALLAHASSEE, FL 32304 US APALACHICOLA, FL 32320

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: J. PATRICK FLOYD 01/05/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LANGFORD, LAWTON GALLOWAY, CHARLES H Name: Name: 20 AVENUE D, SUITE 206 P.O. BOX 2442 Address: Address: City-St-Zip: TALLAHASSEE, FL 32316 City-St-Zip: APALACHICOLA, FL 32320

Title: Title: ST () Delete (X) Change () Addition

CASHIN, KEN FLOYD, J. PATRICK Name: Name: P.O. BOX 2442 20 AVENUE D, SUITE 106 Address: Address: TALLAHASSEE, FL 32316 APALACHICOLA, FL 32320 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

FLOYD, II, JOHN P Name: Name: 1104 MONUMENT AVENUE Address Address: City-St-Zip: City-St-Zip: PORT ST. JOE, FL 32456

Title: () Delete Title: () Change (X) Addition

FLOYD, JAMES B Name: Name: Address: Address: INDIAN PASS ROAD City-St-Zip: City-St-Zip: PORT ST. JOE. FL 32456

Title: Title: () Change (X) Addition () Delete CUNNINGHAM, GREGORY S Name: Name: Address: Address: 3797 CASTLEGATE DRIVE

ATLANTA, GA 30327 City-St-Zip: City-St-Zip:

() Change (X) Addition Name: Name: DATRY, ERIC Address: Address: 129 WILTON DRIVE City-St-Zip: City-St-Zip: DECATUR, GA 30030

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

SIGNATURE: CHARLES H. GALLOWAY P/D 01/05/2005