


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90068 004 \*\*\*150.00

<b>DOCUMENT # H56717</b> 1. Entity Name <b>TIMBERLANE, INC.</b>	
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Principal Place of Business <b>3884 NOTTINGHAM CIRCLE SARASOTA, FL 34235</b>	Mailing Address <b>3884 NOTTINGHAM CIRCLE SARASOTA, FL 34235</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>100 WALLACE AVE SUITE 260 SARASOTA, FL</b> City & State Zip	Country <b>USA</b>
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04272005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2538409</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>THOMAS, ALBERT F 3884 NOTTINGHAM CIRCLE SARASOTA, FL 34235</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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	PD THOMAS, ALBERT F 3884 NOTTINGHAM CIRCLE SARASOTA, FL 34235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, ANNE I. 3884 NOTTINGHAM CIRCLE SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Albert F. Thomas **ALBERT F. THOMAS** **4/27/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #