


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90025 003 \*\*\*150.00

<b>DOCUMENT # H92639</b> 1. Entity Name <b>TIMBERLINE CONSTRUCTION OF LAKE COUNTY, INC.</b>					
Principal Place of Business <b>506 NORTH DIXIE AVENUE P. O. BOX 1124 FRUITLAND PARK, FL 34731 US</b>				Mailing Address <b>PO BOX 1124 FRUITLAND PARK, FL 34731 US</b>	
2. Principal Place of Business - No P.O. Box # <b>201 W. Fruitland St.</b>		3. Mailing Address <b>P.O. Box 1124</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Fruitland Park Fla.</b>		City & State <b>Fruitland Park Fla.</b>		4. FEI Number <b>59-2661267</b>	
Zip <b>34731</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ARROWSMITH, SYDNEY D 201 FRUITLAND ST. FRUITLAND PARK, FL 34731</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>ARROWSMITH, JUDY L.</b> <b>201 FRUITLAND ST.</b> <b>FRUITLAND PARK, FL 34731</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>201 W. Fruitland St</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>ARROWSMITH, SYDNEY D.</b> <b>201 FRUITLAND ST.</b> <b>FRUITLAND PARK, FL 34731</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>201 W. Fruitland St.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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.					
<b>SIGNATURE: <i>Sydney Dale Arrowsmith</i> 3-4-08 352-728-1834</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					