2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # J02047

1. Entity Name
NORTH FLORIDA TIMBER COMPANY, INC.

Principal Place of Business	Mailing Address
4098 STATE HWY 83 DEFUNIAK SPRINGS, FL 32433	4098 STATE HWY 83 DEFUNIAK SPRINGS, FL 32433

02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2648650
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, WILFORD W.
1937 WILFORD LANE
PONCE DE LEON, FL 32455

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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 _____ 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, 2008 Fee will be $550.00

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

U00000875235
04/11/08-80025-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARROLL, WILFORD W.
STREET ADDRESS	1937 WILFORD LN
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	DS
NAME	CARROLL, TERESA D.
STREET ADDRESS	1937 WILFORD LN
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	DV
NAME	CARROLL, VERNON K
STREET ADDRESS	1923 WILFORD LN
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Teresa D. Carroll Teresa D. Carroll 3/27/08 850-956-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #