2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02047

Entity Name: NORTH FLORIDA TIMBER COMPANY, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

4098 STATE HWY 83

DEFUNIAK SPRINGS, FL 32433

Current Mailing Address: New Mailing Address:

4098 STATE HWY 83

DEFUNIAK SPRINGS, FL 32433

FEI Number: 59-2648650 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:

CARROLL, WILFORD W. CARROLL, WILFORD W. 1937 WILFORD LANE 1937 WILFORD LANE

PONCE DE LEON, FL 32455 US PONCE DE LEON, FL 32455 US

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: WILFORD W. CARROLL 03/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CARROLL, WILFORD W.,
 Name:
 CARROLL, WILFORD W

 Address:
 1937 WILFORD LN
 Address:
 1937 WILFORD LN

City-St-Zip: PONCE DE LEON, FL 32455 City-St-Zip: PONCE DE LEON, FL 32455

Title: DS () Delete Title: DS (X) Change () Addition
Name: CARROLL TERESA D Name: CARROLL TERESA D

 Name:
 CARROLL, TERESA D.,
 Name:
 CARROLL, TERESA D.

 Address:
 1937 WILFORD LN
 Address:
 1937 WILFORD LN

 City-St-Zip:
 PONCE DE LEON, FL 32455
 City-St-Zip:
 PONCE DE LEON, FL 32455

Title: DV () Delete Title: () Change () Addition

 Title:
 DV
 () Delete
 Title:
 () Change () Ar

 Name:
 CARROLL, VERNON K
 Name:

 Address:
 1923 WILFORD LN
 Address:

 City-St-Zip:
 PONCE DE LEON, FL 32455
 City-St-Zip:

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

SIGNATURE: TERESA D. CARROLL DS 03/20/2009