


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # J06560 1. Entity Name HORSE CREEK TIMBER COMPANY	
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Principal Place of Business 3375 CAPITAL CIRCLE NE E-2 TALLAHASSEE, FL 32308	Mailing Address 3375 CAPITAL CIRCLE NE E-2 TALLAHASSEE, FL 32308
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2665096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BROCK, GENE
3375 CAPITAL CIRCLE NE
E-2
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 BROCK, GENE 3375 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RANDY P.O. BOX 13876 TALLAHASSEE, FL 32317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRIN, TOM 6120 PICKWICK RD TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITTS, JIM 2017 WINTHROP WAY TALLAHASSEE, FL 32312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/05/07-80004-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **1/3/07** **850385**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #