

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J06560**

1. Entity Name  
**HORSE CREEK TIMBER COMPANY**



Principal Place of Business      Mailing Address

3375 CAPITAL CIRCLE NE      3375 CAPITAL CIRCLE NE  
 E-2      E-2  
 TALLAHASSEE, FL 32308      TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01072008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2665096</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing)      DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BROCK, GENE</b> 3375 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>JONES, RANDY</b> P.O. BOX 13876 TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>PERRIN, TOM</b> 6120 PICKWICK RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>PITTS, JIM</b> 2017 WINTHROP WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/09/08-80057-002 150.00

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:** *Gene Brock Pres.*    Date: *1/7/08*    Daytime Phone #: *850 385 0031*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #