

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90399 013 \*\*\*150.00

**DOCUMENT # J80789**

1. Entity Name

**BEAR BRANCH TIMBERLANDS COMPANY**



Principal Place of Business

BLACKBURN & COMPANY, L.C.  
P.O. BOX 222  
CALLAHAN FL 32011  
US

Mailing Address

BLACKBURN & COMPANY, L.C.  
2591 ARNOLD ROAD  
JACKSONVILLE FL 32218  
US

00008014



2. Principal Place of Business

3. Mailing Address

*Bear Branch Timberlands, Inc. Bear Branch Timberlands, Inc.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*2591 Arnold Rd.*

*2591 Arnold Rd.*

City & State

City & State

*Jacksonville Florida*

*Jacksonville Florida*

Zip

Country

Zip

Country

*32218*

*Duval*

*32218*

*Duval*

1st MOORE

CR2E034 (10/05)

4. FEI Number

**59-2832416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKBURN & COMPANY, L.C.  
5150 BELFORT ROAD SOUTH  
BUILDING 500  
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WRIGHT, WILLIAM G.  
2591 ARNOLD ROAD  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
WRIGHT, REBECCA  
2591 ARNOLD ROAD  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*William G. Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/06*

Date

*904-751-5259*

Daytime Phone #