2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# K09466

Entity Name: SOUTHERN FORESTRY CONSULTANTS, INC.

Current Principal Place of Business:

C/O MICHAEL J. DOONER
105 W. ANDERSON STREET
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

305 W. SHOTWELL ST.
BAINBRIDGE, GA 39819 US

New Mailing Address:

FEI Number: 59-2864028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOONER, MICHAEL J
414 LIVE OAK LANE
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: MCGLINCY, JOSEPH A
Address: 2578 LAKE DOUGLAS ROAD
City-St-Zip: BAINBRIDGE, GA 39819 US

Title: DP ( ) Delete
Name: DOONER, MICHAEL J
Address: 404 LIVE OAK LANE
City-St-Zip: HAVANA, FL 32333 US

Title: DVP ( ) Delete
Name: LEWIS, DAVID S
Address: RT. 3 BOX 127-G
City-St-Zip: MONTICELLO, FL 32344 US

Title: DT ( ) Delete
Name: EMMONS, ALAN W
Address: 282 ALLEN PHILLIPS ROAD
City-St-Zip: CLIMAX, GA 39834 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOSEPH A. MCGLINCY DS 04/17/2008

Electronic Signature of Signing Officer or Director Date