

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

01-20-2005 90021 036 ***150.00

DOCUMENT # K36371 1. Entity Name WALDEN TIMBER HARVESTING, INC.					
Principal Place of Business HWY 275 N 13851 NW SAND CUT TRAIL ALTHA, FL 32421 US			Mailing Address 13851 NW SAND CUT TRAIL ALTHA, FL 32421 US		
2. Principal Place of Business 14330 NW Ayers Cemetery Road Suite, Apt. #, etc. Hwy 275 N City & State Altha, FL Zip 32421		3. Mailing Address (same as above) Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2929594		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALDEN TROY & GARNET P. HIGHWAY 275 POST OFFICE BOX 320 CLARKSVILLE, FL			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 13851 NW SAND CUT TRAIL City ALTHA		
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 Garnet P. Walden Signature, typed or printed name of registered agent and title if applicable.			Garnet P. Walden (NOTE: Registered Agent signature required when reinstating) DATE 1/14/05		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	WALDEN, TROY				
STREET ADDRESS	13851 N.W. SAND CUT TRAIL				
CITY-ST-ZIP	ALTHA, FL 32421				
TITLE	D	<input type="checkbox"/> Delete			
NAME	WALDEN, GARNET				
STREET ADDRESS	13851 N.W. SAND CUT TRAIL				
CITY-ST-ZIP	ALTHA, FL 32421				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Garnet Walden SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE: 2/17/05 DATE					
DAYTIME PHONE: (850) 674-4884 DAYTIME PHONE					