


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L38604 1. Entity Name TIMUCUAN ASSET MANAGEMENT, INC.	
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Principal Place of Business 200 W FORSYTH STREET, #1600 SUITE 140 JACKSONVILLE, FL 32202	Mailing Address 200 W FORSYTH STREET, #1600 JACKSONVILLE, FL 32202
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2985285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NEWTON, III R 200 W FORSYTH STREET, #1600 JACKSONVILLE, FL 32202
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**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, 2006 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	DP NEWTON, RUSSELL B., III 200 W FORSYTH STREET, #1600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MANN, RANDALL 200 W FORSYTH STREET, #1600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VAUGHAN, DREAMA DAWN 200 W FORSYTH STREET, #1600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHMACHTENBERGER, CHRIS 200 W FORSYTH STREE, #1600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCLURE-SANDS, DARLA 200 W FORSYTH STREET, #1600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOEL, ROBERT W 200 W FORSYTH STREET #1600 JACKSONVILLE, FL

000000538997  
05/09/06-80083-008 150.00

**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: *Murray B. Newton* 11/1/06 (904) 356-1739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #