

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66203

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: LAFAYETTE TIMBER HOLDINGS, INC.

**Current Principal Place of Business:**

HIGHWAY 349 N  
1 MILE NORTH OF OLD TOWN  
OLD TOWN, FL 32680 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1829  
LAKE CITY, FL 320561829 US

**New Mailing Address:**

FEI Number: 59-3141261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCRAE, CHRIS  
1677 MAHAN CTR BLVD  
TALLAHASSEE, FL 32308 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: PD ( ) Delete  
Name: ANDERSON, DOUG,  
Address: HIGHWAY 349 N  
City-St-Zip: OLD TOWN, FL

Title: STD ( ) Delete  
Name: ANDERSON III, JOE H  
Address: HIGHWAY 349 N  
City-St-Zip: OLD TOWN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, DOUG,  
Address: HIGHWAY 349 N  
City-St-Zip: OLD TOWN, FL 32680

Title: STD (X) Change ( ) Addition  
Name: ANDERSON III, JOE H  
Address: HIGHWAY 349 N  
City-St-Zip: OLD TOWN, FL 32680

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: BRIAN SCHREIBER

SD

01/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date