

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66205

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: DIXIE TIMBER HOLDINGS, INC.

**Current Principal Place of Business:**

HWY. 349 NORTH  
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 32056 US

**New Mailing Address:**

FEI Number: 59-3141264

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: HWY. 349 NORTH  
City-St-Zip: OLD TOWN, FL

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

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

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 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 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: DOUG ANDERSON

PD

04/20/2005

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

\_\_\_\_\_  
Date