

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90021 031 ***150.00

DOCUMENT # L97979

1. Entity Name
DESIGN TIMBER, INC.



Principal Place of Business
C/O SAMUEL H. VICKERS
2913 WESTSIDE BLVD.
JACKSONVILLE, FL 32209

Mailing Address
C/O SAMUEL H. VICKERS
2913 WESTSIDE BLVD.
JACKSONVILLE, FL 32209

94040820



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3028448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, P.A.
50 N. LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Brant, Abraham, Reiter, & McCormick, P.A.
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
Suite 2750
City **Jacksonville** **FL** Zip Code **32202**

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

Samuel H. Vickers, VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
VICKERS, SAMUEL H.
2913 WESTSIDE BLVD
JACKSONVILLE, FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
BRANT, WILLIAM P.
50 N. LAURA ST. SUITE 2750
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ROBERTS, AVERY C.
50 N. LAURA ST. SUITE 2750
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

904-764-6941

Daytime Phone #