

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3028448**

Applied For  
Not Applicant

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 N. LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202**

**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 registering)

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	DP
NAME	VICKERS, SAMUEL H.
STREET ADDRESS	2913 WESTSIDE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VST
NAME	BRANT, WILLIAM P.
STREET ADDRESS	50 N. LAURA ST. SUITE 2750
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DV
NAME	ROBERTS, AVERY C.
STREET ADDRESS	50 N. LAURA ST. SUITE 2750
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000487078  
04/13/06-80064-003 150.00

**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 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

**3-22-06 904-764-6541**  
Date Daytime Phone