

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93879

Entity Name: FOUR WINDS TIMBER COMPANY

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

8087 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8087 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2912587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE HECHAVARRIA, LUIS
8087 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256 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: DP () Delete
Name: DE HECHAVARRIA, LUIS
Address: 8229 SHADE TREE COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: DE HECHAVARRIA, JOAN N
Address: 8229 SHADE TREE COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: DE HECHAVARRIA, LUIS JR.
Address: 8087 SUMMIT RIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: SCOTT, ANNE D
Address: 12691 S.W. 45 STREET ROAD
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: WHELAN, SUSAN H
Address: 86 CENTRE STREET
City-St-Zip: DOVER, MA 02030

Title: D () Delete
Name: DE HECHAVARRIA, PAUL
Address: 12305 S.W. 38 STREET
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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 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: LUIS DE HECHAVARRIA

D

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date