


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000052269	
1. Entity Name BOLAND TIMBER COMPANY	

Principal Place of Business P O BOX 337 WACISSA, FL 32361	Mailing Address P O BOX 337 WACISSA, FL 32361
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3659998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOLAND, CONNIE
STATE RD 59 & BETH PAGE RD
WACISSA, FL 32361**

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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 obligation of, the registered agent.

SIGNATURE: _____ DATE: **01/10/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOLAND, JEFFERY J P O BOX 337 WACISSA, FL 32361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOLAND, JAMES JR PO BOX 417 WACISSA, FL 32361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOLAND, BETTE P O BOX 417 WACISSA, FL 32361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOLAND, CONNIE P O BOX 337 WACISSA, FL 32361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Boland **1-6-06** **850 584 5270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #