

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052269

Entity Name: BOLAND TIMBER COMPANY

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

P O BOX 337
WACISSA, FL 32361

New Principal Place of Business:

11097 GAMBLE ROAD
WACISSA, FL 32361

Current Mailing Address:

P O BOX 337
WACISSA, FL 32361

New Mailing Address:

FEI Number: 59-3659998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOLAND, CONNIE
11097 GAMBLE ROAD
WACISSA, FL 32361 US

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: CONNIE BOLAND

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLAND, JEFFERY J
Address: P O BOX 337
City-St-Zip: WACISSA, FL 32361

Title: V () Delete
Name: BOLAND, JAMES JR
Address: PO BOX 417
City-St-Zip: WACISSA, FL 32361

Title: T () Delete
Name: BOLAND, BETTE
Address: P O BOX 337
City-St-Zip: WACISSA, FL 32361

Title: S () Delete
Name: BOLAND, CONNIE
Address: P O BOX 337
City-St-Zip: WACISSA, FL 32361

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
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: CONNIE BOLAND

S

01/08/2009

Electronic Signature of Signing Officer or Director

Date