

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000079425

1. Entity Name

OSCEOLA LAND & TIMBER, CORP.



Principal Place of Business

255 N LAKE AVE.
LAKE BUTLER, FL 32054

Mailing Address

PO BOX 238
LAKE BUTLER, FL 32054

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3666425

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, AVERY C
255 N LAKE AVE.
LAKE BUTLER, FL 32054

**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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

000000099762
03/31/04-80019-014 198.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, AVERY C
STREET ADDRESS	PO BOX 238
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	VP
NAME	SHADD, JOHN L
STREET ADDRESS	PO BOX 506
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	ST
NAME	BOLES, LINDA C
STREET ADDRESS	PO BOX 233
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04

Date

Daytime Phone #

386-494
3579