2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014095

1. Entity Name
TIMBERWOOD HOLDING CO., INC.



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

9644 MOON LAKE RD NEW PORT RICHEY, FL 34654 9644 MOON LAKE RD NEW PORT RICHEY, FL 34654



01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3695602

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RUSSELL, DANIEL C SR 9644 MOON LAKE ROAD NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	surpose of changing its regis	stered office or re	egistered agent, or be	oth, in the State of Florida. I am familiar wit	h, and accept
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	rappicable (NOTE Regi	stered Agent signature	required when reinstaling)	DATE	
	E NOW!!! FEE (S \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contributi	· -	\$5.00 May Be Added to Fees	U00000597194 01/24/07-80024-008 15	io00
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, DANIEL C SR 12250 CLEAR LAKE DRIVE NEW PORT RICHEY, FL 34654					
TITLE NAME STREET ADDRESS						

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND WIPED OR PRINTED NAME OF SIGNING

DANIEL C. RUSSELL SI

1/18/0

727 379 940