## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # P01000016057 02-10-2006 90020 013 \*\*\*150.00 1. Entity Name TOMHILL SAW, INC. Majling Address W. CR-791 RT-9-BOX 1580 LAKE BUTLER FL 32054 Principal Place of Business PI 2 BOX 1560 6347 S.W. 63 St. LAKE BUTLER FL 32054 3. Mailing Address 6378 S.W. CR-791 2. Principal Place of Business 6347 SW 63N Street 1st MOORE CR2E034 (10/05) City & Spale Butler, Fl Applied For 4. FEI Number 59-3697222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, LL.M JR 1279 KINGSLEY AVE, STE 117 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** City Zip Code 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 tifle if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. addsen. Change Delete TITLE TITLE HILL, THOMAS NAME 6378 SW CR-791 Jake Buther, 71. 32054 RT-3, BOX 1560 6378 SW OR-791 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054 CITY-ST-ZIP address -Change TITLE D NAME NAME RTS, BOX 1560 6378 SW CR-791 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED