## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P01000068521 USHER TIMBER CO., INC. Mailing Address Principal Place of Business POST OFFICE BOX 843 6551 NW 100TH STREET CHIEFLAND, FL 32644-0843 CHIEFLAND, FL 32626 CR2E034 (11/05) 04172006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0683076 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent USHER GRINER, LYNETTA DO NOT WRITE 6551 N W 100TH STREET CHIEFLAND, FL 32626 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE USHER GRINER, LYNETTA NAME STREET ADDRESS POST OFFICE BOX 1819 CITY-ST-ZIP CHIEFLAND, FL 326441819 U00000529563 05/05/06-80077-022 150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP 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 acturate 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 affacting with an address, with all other like empowered.

LYNETTA USHERGRIMER

DIRECTOR

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED