2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000068521

1. Entity Name

Principal Place of Business

6551 NW 100TH STREET . CHIEFLAND, FL 32626

USHER TIMBER CO., INC.



Mailing Address

POST OFFICE BOX 843 CHIEFLAND, FL 32644-0843

FILED Apr 19, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04052007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 01-0683076 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

USHER GRINER, LYNETTA 6551 N W 100TH STREET CHIEFLAND, FL 32626

DO NOT WRITE IN THIS SPACE

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					!
	a named entity submits this statement for the p tions of registered agent.	urpose of changing its register	ed office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registera	d Agent signatur	a raquired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution,		\$5.00 May Be Added to Fees	,* 1
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USHER GRINER, LYNETTA POST OFFICE BOX 1819 CHIEFLAND, FL 326441819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000716319 04/30/07-80003-009 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE
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TITLE				٠,) to 189400

12. I hereby certify that the information supplied with this filing 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 the property of the composition of t changed, or on an attachment

NAME STREET ADDRESS CITY-ST-ZIP