2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

DOCUMENT # P01000068521			Secretary of Sta		
			Se	cretary of Sta	
1. Entity Name USHER TIMBER CO., INC.					
Principal Place of Business	Mailing Address				
6551 NW 100TH STREET CHIEFLAND, FL 32626	POST OFFICE BOX 843 CHIEFLAND, FL 32644-08	43			
	on steel	Transfer of the state of the st			
ani e			04252008 No Chg-P	CR2E034 (11/05)	
DO NOT WE	RITE IN THIS SP	ACE 4	FEI Number	Applied For	
A STATE OF THE STA			01-0683076	Not Applicable	
A-1		5.	. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of	Current Registered Agent				
USHER GRINER, LYNETTA			DO NOT WR	RITE	
6551 N W 100TH STREET CHIEFLAND, FL 32626			IN THIS SPA	1	
			IN IMIS SEF	ICE	
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8. The above named entity submits this state the obligations of registered agent.	atement for the purpose of changing its regi	istered office or registered a	agent, or both, in the State of Florid	a. I am tamiliar with, and accept	
SIGNATURE		-			
Signature, typed or printed name of reg	stered agent and title if applicable. (NOTE: Reg	sistered Agent signature required wher	n reinstating)	DATE	
FILE NOW!!! FEE IS \$15 After May 1, 2008 Fee will be	9. Election Campaign f Trust Fund Contribut		May Be o Fees		
1_	ERS AND DIRECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ITITLE D NAME USHER GRINER, LYNE	TTA				
STREET ADDRESS POST OFFICE BOX 18" CITY-ST-ZIP CHIEFLAND, FL 32644			H. H.		
TITLE CHIEFLAND, FL 32044	1019		9000009	34609	
NAME STREET ADDRESS			54, j. 105/29/08-8	0035-024 150.00 👙	
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TIME					
NAME STREET ADDRESS			DO NOT WE	olite :	
CITY-SI-ZIP			DO NOT WE		
TITLE NAME			IN THIS SPA	ACE	
STREET ADDRESS CITY-ST-ZIP		ang and and an analysis of the	्रोति । प्रित्न वर्षाः स्टब्स्ट्रेडिंग्स्य क्षेत्र स्टब्स्ट्रेस		
TITLE				Karangan Kabupatèn K	
NAME				1	
STREET ADDRESS CITY-SI-ZIP		The second of the second			
TIFLE		Jer Mary Pr			

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 changed, or on an attachment with an address, with all other like empowered.

The large of the same

SIGNATURE:

NAME .

STREET ADDRESS CITY-ST-ZIP

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/08 353-493-4221 Date Destrict Phone #