

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000127775**

1. Entity Name  
P & S LOGGING, INC.



Principal Place of Business  
17320 CROSS BRANCH RD  
HILLIARD, FL 32046 US

Mailing Address  
P.O. BOX 969  
HILLIARD, FL 32046 US



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
82-0574951

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

PICKETT, TIMOTHY R  
15864 COUNTY ROAD 108  
HILLIARD, FL 32046

**DO NOT WRITE  
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

U00000763469  
05/30/07-800110-021 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PICKETT, TIMOTHY R
STREET ADDRESS	17320 CROSS BRANCH RD
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	S
NAME	PICKETT, SUZANNE B
STREET ADDRESS	17320 CROSS BRANCH RD
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Timothy R. Pickett* *Timothy R. Pickett* 5-1-07- 904-815-103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone