

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000132249	
1. Entity Name G & B TIMBER, INC.	

Principal Place of Business 4464 NFR784 P.O. BOX 128 OLUSTEE, FL 32072	Mailing Address 4464 NFR784 P.O. BOX 128 OLUSTEE, FL 32072
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DO NOT WRITE IN THIS SPACE

03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1865204	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GRIFFIS, BARBARA L
4464 NFR784
P.O. BOX 128
OLUSTEE, FL 32072**

**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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000375028
04/11/08-20028-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, BARBARA L 4464 NFR784 P.O. BOX 128 OLUSTEE, FL 32072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIS, GARY L 4464 NFR784 P.O. BOX 128 OLUSTEE, FL 32072
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: *Barbara L. Griffis* **Barbara L. Griffis** **3-27-08** **386-755-6038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #