## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P03000025853  1. Entity Name S & S TIMBER, INC.								05-02-2005 90	)429 037	***150.0	)0
Principal Place of Business 420 NE 247 ST LAWTEY, FL 32058				Mailing Address 420 NE 247 ST LAWTEY, FL 32058							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04292005	Chg-P		4 (10/03)	1001 11 1001
City & State				City & State			4. FEI Numb	er			plied For
Zip Country				Zip	try	56-233		\$	8.75 Add	t Applicable	
6. Name and Address of Current I			nt Regis	tered Agent		_1	of Status Desired  I Address of New Re		ee Required		
						Name					
BLOOMER, GEORGE M III							er is Not Acceptable	) -t-			
MIDDLEBURG, FL 32068							110 24	الماري الماري			
***						CityLaw	ote . c		FL	Zip Code	 e e
	named entit	y submits this statement	for the p	ourpose of changing its	register			th, in the State of Flo	rida. I am ta		
	. Sar	Detha =	te	0-10							
SIGNATURE_	Signature, typed	or printed name of registered ag	ent and title	it applicable. (NOT)	E: Registere	d Agent signature requir	red when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200:	FEE IS \$150.00 5 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont			5.00 May Be ided to Fees				
10.	r	OFFICERS AN	ID DIRE		11.		ADDITIONS	/CHANGES TO OFFI			
NAME STREET ADDRESS CITY-ST-ZIP	420 NE 2	G, JOSEPH D 47 ST FL 32058		☐ Delate		t t				□ Change	☐ Addition
TITLE	V			☐ Delete	TITL	I			-	Change	☐ Addition
NAME STREET ADDRESS	420 NE 2	G, TABITHA 47 ST			NAM STRE	ET ADDRESS					
CITY-ST-ZIP	LAWTEY,	FL 32058				-ST-ZIP					
. TITLE NAME				Delete	TITL					☐ Change	Addition
STREET ADDRESS City-St-Zip						ET ADDRESS -ST-ZIP					
TITLE				☐ Delete	TITL				<u> </u>	☐ Change	☐ Addition
NAME STREET ADDRESS					NAM	EET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE			,	☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME				Delete	TITE NAM					☐ Change	Addition
STREET ADDRESS					STRI	EET ADDRESS					
CITY-ST-ZIP	certify that th	e information supplied v	vith this !	iling does not qualify to	_4	r-ST-ZIP	Section 119 07/3	(ii) Florida Statutes I	further certi	fy that the I	nformation
indicated of the cor	l on this repo rporation or t	ort or supplemental repo he receiver or trustee er achment with an addres	rt is true npowere	and accurate and that i d to execute this report	ny signa as requ	ture shall have the	e same legal effe	ct as if made under o	ath; that I a	n an officer	or director