2008 FOR PROFIT CORPORATION

CTY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED **ANNUAL REPORT** Mar 12, 2008 08:00 A **DOCUMENT # P03000057685 Secretary of State** CARSWELL TIMBER COMPANY, INC. Principal Place of Business Mailing Address 1795 SW MCFARLAND AVE 1795 SW MCFARLAND AVE LAKE CITY, FL 32025 LAKE CITY, FL 32025 CR2E034 (11/05) 02142008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1267314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NORRIS, JOHN E DO NOT WRITE 253 NW MAIN BLVD LAKE CITY FL 32055 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 remetaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CARSWELL, JERRY E NAME STREET ADDRESS 1795 SW MCFARLAND AVE CITY-ST-ZIP LAKE CITY, FL 32025 03/27/08-80030-025 150.00 TITLE CARSWELL, JERRY TYRUS NAME STREET ADDRESS 1795 SW MCFARLAND AVE CITY-ST-ZIP LAKE CITY, FL 32025 TITLE NAME CARSWELL, ALEX STREET ADDRESS 2820 MCFARLAND AVE DO NOT WRITE CITY-ST-ZIP LAKE CITY, FL 32025 TITLE IN THIS SPACE NAME CARSWELL, LINCOLN STREET ADDRESS 2820 MCFARLAND AVE LAKE CITY, FL 32025 CFTY-ST-7IP TITLE NAME STREET ADDRESS

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:	Der	n Carriell	LERRY		3-15-08	386-752	36
	SIGNU	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Dete	Daytime Phone #	·