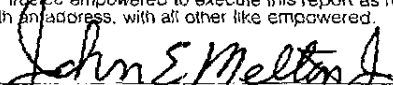


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                |                                                                                                                   |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000097047</b><br>1. Entity Name<br><b>MELTON BROTHERS TIMBER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                |                                                                                                                   |                                                                                                                                                     |  |
| Principal Place of Business<br><b>21616 LOCKHART ROAD<br/>DADE CITY FL 33523</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                | Mailing Address<br><b>21616 LOCKHART ROAD<br/>DADE CITY FL 33523</b>                                              |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                         |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                | City & State                                                                                                      |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | Country                                        |                                                                                                                   | 4. FEI Number <b>20-1302508</b>                                                                                                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                |                                                                                                                   | Applied For Not Applicable                                                                                                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MELTON, MARK G<br/>21616 LOCKHART ROAD<br/>DADE CITY FL 33523</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                |                                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when removing agent)<br>DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                |                                                                                                                   |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                |                                                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Added to Fee                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                      |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete<br><b>D<br/>MELTON, MARK G<br/>21616 LOCKHART ROAD<br/>DADE CITY FL 33523</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000522628<br/>05/03/06-80039-003 150.00</b> |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |                                                                                                                                                                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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. |                                                                                                               |                                                |                                                                                                                   |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                |                                                                                                                   |                                                                                                                                                                                                                                       |  |
| Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                |                                                                                                                   |                                                                                                                                                                                                                                       |  |