


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 040 ***150.00

DOCUMENT # P04000128245 1. Entity Name LEWIS MURRAY TIMBER, INC.			
Principal Place of Business PO BOX 462 HAMPTON, FL 32044		Mailing Address PO BOX 462 HAMPTON, FL 32044	
2. Principal Place of Business - No P.O. Box # 116295 SE 95th TRL Suite, Apt. #, etc.		3. Mailing Address 116295 SE 95th TRL Suite, Apt. #, etc.	
City & State White Springs, FL Zip 320916		City & State White Springs, FL Zip 320916	
Country SUWANNEE		Country SUWANNEE	
4. FEI Number 20-1359068 201359054		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, DONALD L EA 263 N TEMPLE AVENUE STARKE, FL 32091		7. Name and Address of New Registered Agent Name Raymond Lewis Murray Jr Street Address (P.O. Box Number is Not Acceptable) 116295 SE 95th TRL City White Springs FL Zip Code 320916	
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: <i>[Signature]</i> DATE: 4-6-07 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, LEWIS PO BOX 462 HAMPTON, FL 32044	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURRAY, LEWIS PO BOX 462 HAMPTON, FL 32044	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURRAY, LEWIS PO BOX 462 HAMPTON, FL 32044	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-6-07 Daytime Phone #	