

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 022 ***150.00

DOCUMENT # P04000128245 1. Entity Name LEWIS MURRAY TIMBER, INC.			
Principal Place of Business 16295 SE 95TH TRL WHITE SPRINGS, FL 32096		Mailing Address 16295 SE 95TH TRL WHITE SPRINGS, FL 32096	
2. Principal Place of Business - No P.O. Box # 1100 N MARION AVE		3. Mailing Address PO Box 3	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE CITY, FL		City & State LAKE CITY, FL	
Zip 32055		Zip 32056	
Country		Country	
4. FEI Number 20-13590468		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 MURRAY, RAYMOND LEWIS JR 16295 SE 95TH TRL WHITE SPRINGS, FL 32096		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1100 N MARION AVE City LAKE CITY FL Zip Code 32055	
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 reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P! <input type="checkbox"/> Delete MURRAY, LEWIS 16295 SE 95TH TRL WHITE SPRINGS, FL 32096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 N MARION AVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		Date: _____ Daytime Phone #: _____	