

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90100 035 ***150.00

DOCUMENT # P05000002386

1. Entity Name

TIMBER & TEXTILES, INC.



Principal Place of Business

1246 CUNNINGHAM CREEK DRIVE
JACKSONVILLE FL 32259

Mailing Address

1246 CUNNINGHAM CREEK DRIVE
JACKSONVILLE FL 32259

2. Principal Place of Business

304 Anastasia Blvd

Suite, Apt. #, etc.

3. Mailing Address

304 Anastasia Blvd

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

4. FEI Number

20-2187834

Applied For

Not Applicable

Zip
32080

Country

USA

Zip

32080

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALLIS, DONALD W
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Philip Moore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

3/5/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, PHILIP ALLAN**
CITY-ST-ZIP **1246 CUNNINGHAM CREEK DRIVE
JACKSONVILLE FL 32259**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, MARY JORDAN**
CITY-ST-ZIP **1246 CUNNINGHAM CREEK DRIVE
JACKSONVILLE FL 32259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Philip Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06

Date

(904) 824-1815

Daytime Phone #