


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90374 027 ***150.00

DOCUMENT # P05000046910 1. Entity Name TIMBERLINE TRADING COMPANY, INC.					
Principal Place of Business 3375-B COPTER ROAD PENSACOLA, FL 32514			Mailing Address 3375-B COPTER ROAD PENSACOLA, FL 32514		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOORHEAD, STEPHEN R 4300 BAYOU BLVD., SUITE 13 PENSACOLA, FL 32503 <div style="text-align: center; margin-top: 10px;">(ADDRESS CHANGE) ONLY</div>				Name MOORHEAD, STEPHEN R. Street Address (P.O. Box Number is Not Acceptable) 25 W. Government St. City Pensacola FL Zip Code 32502	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, DEBRA L		NAME		
STREET ADDRESS	1800 MATE CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	CANTONMENT, FL 32533		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, BETTYE S		NAME		
STREET ADDRESS	2505 FARRIS AVENUE		STREET ADDRESS		
CITY- ST- ZIP	PENSACOLA, FL 32526		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, A.J.		NAME		
STREET ADDRESS	2505 FARRIS AVENUE		STREET ADDRESS		
CITY- ST- ZIP	PENSACOLA, FL 32526		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, JEREMY		NAME		
STREET ADDRESS	2628 YOUNGWOOD LANE		STREET ADDRESS		
CITY- ST- ZIP	CANTONMENT, FL 32533		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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>Debra L. Barton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>3/29/06</i> <small>Date</small>		850-857-7792 <small>Daytime Phone #</small>

Debra L. Barton, President

03/29/06