

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

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



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2691565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R  
25 W GOVERNMENT ST  
PENSACOLA, FL 32502

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000798427  
01/30/08-80027-017 150.00

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME BARTON, DEBRA L  
STREET ADDRESS 1800 MATE CIRCLE  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE DV  
NAME WILSON, BETTYE S  
STREET ADDRESS 2505 FARRIS AVENUE  
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE DT  
NAME WILSON, A.J.  
STREET ADDRESS 2505 FARRIS AVENUE  
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE DS  
NAME WILSON, JEREMY  
STREET ADDRESS 2628 YOUNGWOOD LANE  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Debra L. Barton* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/08 (850) 857-7792

Daytime Phone #

*Debra L. Barton, President*