

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90005 048 ***150.00

DOCUMENT # P05000069392

1. Entity Name
BLUE SKY TIMBER-LAND CO.



Principal Place of Business
P.O. BOX 3176
LAKE CITY, FL 32056-3176

Mailing Address
P.O. BOX 3176
LAKE CITY, FL 32056-3176

40013000



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2787327	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULLARD, AUDREY S
2753 E US H'WAY 90
LAKE CITY, FL 32055

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DENUNE, HARRY C
STREET ADDRESS	P.O BOX 3176
CITY-ST-ZIP	LAKE CITY, FL 320563176
TITLE	P/D
NAME	BULLARD, AUDREY S
STREET ADDRESS	P.O. BOX 1733
CITY-ST-ZIP	LAKE CITY, FL 320561733
TITLE	V/D
NAME	BULLARD, CHRIS A
STREET ADDRESS	P.O. BOX 1733
CITY-ST-ZIP	LAKE CITY, FL 320561733
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 386 755 4050