


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000069392</b> 1. Entity Name <b>BLUE SKY TIMBER-LAND CO.</b>	
---	---

Principal Place of Business <b>P.O. BOX 3176 LAKE CITY, FL 32056-3176</b>	Mailing Address <b>P.O. BOX 3176 LAKE CITY, FL 32056-3176</b>
--	--



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2787327</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>BULLARD, AUDREY S 2753 E US H'WAY 90 LAKE CITY, FL 32055</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

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

**DO NOT WRITE  
IN THIS SPACE**

0000000863562  
04/03/08-80097-005-150.00

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.

<b>SIGNATURE:</b> <i>Audrey Bullard</i> <i>Audrey Bullard</i> <i>3/12/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone # <i>755 4030</i>
--	------	---------------------------------