2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000099540

1. Entity Name

GAINEY LAND & TIMBER COMPANY INC.



FILED Feb 21, 2007 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 267 VERNON, FL 32462 Mailing Address

P.O. BOX 267 VERNON, FL 32462



DO NOT WRITE IN THIS SPACE

01112007	No Chg-P	CR2E034 (11/05)	
4. FEI Number			Applied For
20-3142171		[Not Applicable
		A0.55	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANEY III, ROGER L EA 1378 N. RAILROAD AVE. CHIPLEY, FL 32428

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typod or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	sing	\$5.00 May Be Added to Fees	U00000641660 03/01/07-80009-008 150.00		
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GAINEY, JIMMY W P.O. BOX 267 VERNON, FL 32462 VSD GAINEY, GLORIA B P.O. BOX 267 VERNON, FL 32462			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TOTAL			i i				

12. I hereby certify that the information supplied with this filling 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 syith an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Loua & Jani

2-20-07

850-535-2719

Daytime Phone #