

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000099540

1. Entity Name
GAINEY LAND & TIMBER COMPANY INC.



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



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3142171

Applied For
Not Applicable

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**

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 remitting)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
GAINEY, JIMMY W
P.O. BOX 267
VERNON, FL 32462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
GAINEY, GLORIA B
P.O. BOX 267
VERNON, FL 32462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000916750
05/13/08-80013-017 150.00

**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: _____

Gloria B. Gaine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria B. Gaine 4-20-08
Date

Daytime Phone # _____