2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
04-19-2006 90083 016 ***158.75

DOCUMENT # P05000158471

1. Entity Name
THORNTON'S TIMBER, INC.

66015100

Principal Place of Business	Mailing Address
5289 NW COUNTY ROAD 125 LAWTEY, FL 32058 US	5289 NW COUNTY ROAD 125 LAWTEY, FL 32058 US

04152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3881256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEEKIN, MARK ESQ. 4540 SOUTHSIDE BOULEVARD, SUITE 702 JACKSONVILLE, FL 32216	Name L Shane Thornton Street Address (P.O. Box Number is Not Acceptable) 5289 NW CR 125 City Lawtey FL Zip Code 32058

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THORNTON, L SHANE		NAME		
STREET ADDRESS	5289 NW COUNTY ROAD 125		STREET ADDRESS		
CITY-ST-ZIP	LAWTEY, FL 32058		CITY-ST-ZIP		
TITLE	VP,D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THORNTON, LARRY L		NAME		
STREET ADDRESS	5289 NW COUNTY ROAD 125		STREET ADDRESS		
CITY-ST-ZIP	LAWTEY, FL 32058		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: L Shane Thornton 4-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #