2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2007 8:00 am Secretary of State DOCUMENT # P05000167735 1. Entity Name 05-02-2007 90050 036 ***150.00 RBJ TIMBER, INC. Principal Place of Business Mailing Address 44247 BELL LANE 44247 BELL LANE CALLAHAN FL 32011 CALLAHAN FL 32011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-4006809 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUSGROVE, RICHARD B SR Street Address (P.O. Box Number is Not Acceptable) 44247 BELL LANE CALLAHAN FL 32011 City Zip Code FL 8. The above named entity submits bis 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 little r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HILE Delete шп Change ☐ Addition musgrove, Richard B. SR MUSGROVE, RICHARD B SR 44247 Bellane 44247 BELL LANE STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 Callehan, Fl. 32011 CHY-SI-ZIP CHY-SI-7IP Delete TIFLE Change ■ Addition MUSGROVE, RICHARD B JR NAME NAME 241881 COUNTY RD 121 STREET ADDRESS SIFEE1 ADORESS HILLIARD FL 32046 CITY-ST-ZIP CHY-SI-ZIE 🔀 Сһалде ☐ Delete THE THE Addition musgrore, Joshya R. 44432 Keneka MUSGROVE, JOSHUA R NAME NAME 44432 KANE RD STREET ADDRESS STREET ADORESS allahan, CALLAHAN'FL 32011 CITY-S1-ZIP CITY-STT7IP ☐ Defete ☐ Change Addition TITLE musgrave, NAMI NAME 4424 Bell Lane STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-7IP ☐ Change ☐ Addition THE Delete TITLE NAME NAME STRLET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STRIET ADDRESS CITY-ST-7JP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

SHANING OFFICER OR DIRECTOR

FILED

Daytime Phone #