


FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90021 046 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0600071962

1. Entity Name:
CIRCLE C TIMBER, INC.



Principal Place of Business: 2056 NE NEWBERRY DRIVE, ARCADIA, FL 34266 US

Mailing Address: 2056 NE NEWBERRY DRIVE, ARCADIA, FL 34266 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State


Zip

Country

Zip

Country

40116105



04202007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4932121

Applied For: Not Applicable

5. Certificate of Status District: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE BOOM, JAN
215 CARLTON STREET
WAUCHULA, FL 33873

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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's signature required when renouncing) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2007 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, GARIT	NAME	
STREET ADDRESS	2088 FISH BRANCH ROAD	STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33890	CITY - ST - ZIP	
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, KRISTLE	NAME	
STREET ADDRESS	2088 FISH BRANCH ROAD	STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33890	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Krystle Cooper Sec-tres Kytle Cooper 4/27/07 813-750383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Phone #