

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000127548

1. Entity Name

WHITE SPRINGS LAND & TIMBER, INC.



Principal Place of Business

2753 E US HWY 90  
LAKE CITY, FL 32055

Mailing Address

P.O. BOX 766  
LAKE CITY, FL 32056-0766



02122008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-3468500

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BULLARD, CHRIS A  
2753 E US HWY 90  
LAKE CITY, FL 32055

**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 reinstating)

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

UD00000829630  
02/26/08-80048-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BULLARD, AUDREY S
STREET ADDRESS	P.O. BOX 1733
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	D
NAME	BULLARD, CHRIS A
STREET ADDRESS	P.O. BOX 1733
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	D
NAME	MCARDLE, ELIZABETH B
STREET ADDRESS	P.O. BOX 1733
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/08

386

755 4050