


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P26024</b> 1. Entity Name TIMBERLAND FLOORING, INC.	
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Principal Place of Business %PAUL BAUCKNECHT 10672 114 AVENUE NORTH LARGO, FL 34643	Mailing Address %PAUL BAUCKNECHT 10672 114 AVENUE NORTH LARGO, FL 34643
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01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1830086	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BAUCKNECHT, MARY  
10672 - 114TH AVE., N.  
LARGO, FL 34643

**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, 2005 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	PD BAUCKNECHT, PAUL 10672 -114TH AVE., N. LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUCKNECHT, PAUL RT. 3 BOX 3508 BLAIRSVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUCKNECHT, MARY RT. 3 BOX 3508 BLAIRSVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAUCKNECHT, TODD E 13018 CLAY AVENUE LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAUCKNECHT, JR. P E 6753 MELLSTONE DR NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000311717  
04/18/05-80056-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mary Baucknecht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mary Baucknecht* 4-15-05