

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P26024**

1. Entity Name  
**TIMBERLAND FLOORING, INC.**



Principal Place of Business  
**%PAUL BAUCKNECHT  
10672 114 AVENUE NORTH  
LARGO, FL 34643**

Mailing Address  
**%PAUL BAUCKNECHT  
10672 114 AVENUE NORTH  
LARGO, FL 34643**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1830086**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BAUCKNECHT, PAUL
STREET ADDRESS	10672 - 114TH AVE., N.
CITY-ST-ZIP	LARGO, FL
TITLE	VD
NAME	BAUCKNECHT, PAUL
STREET ADDRESS	RT. 3 BOX 3508
CITY-ST-ZIP	BLAIRSVILLE, GA
TITLE	S
NAME	BAUCKNECHT, MARY
STREET ADDRESS	RT. 3 BOX 3508
CITY-ST-ZIP	BLAIRSVILLE, GA
TITLE	VP
NAME	BAUCKNECHT, TODD E
STREET ADDRESS	13018 CLAY AVENUE
CITY-ST-ZIP	LARGO, FL
TITLE	VP
NAME	BAUCKNECHT, JR. P E
STREET ADDRESS	8753 MELLSTONE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000500215  
04/25/06-80009-015 150.00

**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

**Paul BAUCKNECHT**

**4-6-6**

Date

**727-357-0697**

Daytime Phone #