

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 05, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P93000036814**

**1. Entity Name  
GOODBREAD TIMBER FARMS, INC.**



**Principal Place of Business  
GOODBREAD LANE  
YULEE, FL 32097**

**Mailing Address  
P.O. BOX 98  
YULEE, FL 32041-0098 US**



02262005 No Chg-P CR2E034 (10/03)

**4. FEI Number  
59-3189494**

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**

**DAVIS, CLYDE W  
20 SOUTH 5TH ST.  
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE  
IN THIS SPACE**

**7. 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**

U000000252166  
03/05/05-80015-021 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>DS KEELING, JANE G P.O. BOX 789 N/A YULEE, FL</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>D SHADIX, ANN G RT 1 BOX 56 ALAMO, GA 30411</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>D BOWMAN, JOYCE G PO BOX 2414 YULEE, FL 320412414</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>DP GOODBREAD, CLYDE L 837 TARPON AVENUE FERNANDINA BEACH, FL</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>DT GOODBREAD, EDWARD L P.O. BOX 98 N/A YULEE, FL 32041</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 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 #

3-1-05 904/261-8133