2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000036814

1. Entity Name
GOODBREAD TIMBER FARMS, INC.

Principal Place of Business	Mailing Address
GOODBREAD LANE YULEE, FL 32097	P.O. BOX 98 YULEE, FL 32041-0098 US

03042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3189494
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

H06000045886
03/18/06-80031-008 150.00

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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: Clyde Goodbread 3-4-06 904-261-8133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #