

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90070 024 \*\*\*150.00

**DOCUMENT # P93000036814**

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



**Principal Place of Business** **Mailing Address**  
**GOODBREAD LANE 837 Tarpon Ave** **P.O. BOX 98 837 Tarpon Ave**  
**YULEE, FL 32097** **YULEE, FL 32044-0098-05**  
**Fernandina Bch FL 32034-2027** **Fernandina Bch FL 32034-2027**

40037853



**2. Principal Place of Business - No P.O. Box #** **3. Mailing Address**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**City & State** **City & State**  
**Zip** **Country** **Zip** **Country**

03152007 Chg-P CR2E034 (12/06)

**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**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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 re-registering) **DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 Pres.* **3-14-07** **904 7534619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #