

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036814

FILED
Apr 28, 2009
Secretary of State

Entity Name: GOODBREAD TIMBER FARMS, INC.

Current Principal Place of Business:

837 TARPON AVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

837 TARPON AVE
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-3189494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CLYDE W
960185 GATEWAY BLVD
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KEELING, JANE G
Address: P.O. BOX 789 N/A
City-St-Zip: YULEE, FL

Title: D () Delete
Name: SHADIX, ANN G
Address: RT 1 BOX 56
City-St-Zip: ALAMO, GA 30411

Title: D () Delete
Name: BOWMAN, JOYCE G
Address: PO BOX 2414
City-St-Zip: YULEE, FL 320412414

Title: DP () Delete
Name: GOODBREAD, CLYDE L
Address: 837 TARPON AVENUE
City-St-Zip: FERNANDINA BEACH, FL

Title: DT (X) Delete
Name: GOODBREAD, EDWARD L
Address: P.O. BOX 98 N/A
City-St-Zip: YULEE, FL 32041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE GOODBRED

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date