


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000054363</b>		
1. Entity Name <b>ROBERTS LAND &amp; TIMBER INVESTMENT CORP.</b>		
Principal Place of Business <b>255 N. LAKE AVE. LAKE BUTLER, FL 32054</b>	Mailing Address <b>PO BOX 233 LAKE BUTLER, FL 32054 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ROBERTS, AVERY C 255 N. LAKE AVE LAKE BUTLER, FL 32054</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, AVERY C PO BOX 233 N/A LAKE BUTLER, FL 32054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLES, LINDA C 6798 CRYSTAL LAKE RD KEYSTONE HEIGHTS, FL 32056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 507, 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 <u>Linda C. Boles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/30/06</u> <small>Date</small>



01122006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>59-3255708</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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04/26/06-80100-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

(386) 496-3509  
Daytime Phone #