## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 24, 2005 08:00 AM DOCUMENT # P94000025442 **Secretary of State** 1. Entity Name GEORGIA LAND AND TIMBER COMPANY, INC. Mailing Address Principal Place of Business HWY 121 SOUTH HWY 121 SOUTH P.O. BOX 506 LAKE BUTLER FL 32054 P.O. BOX 506 LAKE BUTLER FL 32054 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 58-2103540 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHADD, JOHN L Street Address (P.O. Box Number is Not Acceptable) HWY, 121 SOUTH LAKE BUTLER FL 32054 Zip Code City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE Delete TITLE NAME PRITCHETT, MARVIN H 02/24/05-80051-008 150.00 NAME STREET ADDRESS 1050 S.E. 6TH ST. STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054 CITY-ST-ZIP Addition Change . VP TITLE ☐ Delete TITLE NAME NAME SHADD, JOHN L HWY 121 SOUTH STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP LAKE BUTLER FL 32054 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition DDE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

John L. Shadd

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