

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90267 005 ***150.00

DOCUMENT # P94000025442

1. Entity Name
GEORGIA LAND AND TIMBER COMPANY, INC.



Principal Place of Business

HWY 121 SOUTH
P.O. BOX 506
LAKE BUTLER, FL 32054

Mailing Address

HWY 121 SOUTH
P.O. BOX 506
LAKE BUTLER, FL 32054

40086330



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2103540

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHADD, JOHN L.
HWY. 121 SOUTH
LAKE BUTLER, FL 32054

**DO NOT WRITE
IN THIS SPACE**

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
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	P
NAME	PRITCHETT, MARVIN H
STREET ADDRESS	1050 S.E. 6TH ST.
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	VP
NAME	SHADD, JOHN L
STREET ADDRESS	HWY 121 SOUTH 9678 S.W. SR 121
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-06

Date

386-496-2631

Daytime Phone #