2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092778

Entity Name: AL-BAR TIMBER CORPORATION

HAMILTON, DEBORAH B

27771 BAYHEAD RD.

DADE CITY, FL 33525

Name:

Address:

City-St-Zip:

FILED Apr 07, 2009 Secretary of State

Littly Na	IIIE. AL-DAR	HIVIDER CORFORATION			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	YHEAD ROAD Y, FL 33523				
Current Mailing Address:			New Mailing Address:		
P.O. BOX SAN ANTO	128 ONIO, FL 335	76			
FEI Number	: 59-3288900	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
	ISA B YHEAD ROAD 'Y, FL 33523	US	PAGAN, LISA B 27850 BAYHEAD ROAD DADE CITY, FL 33523	US	
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				04/07/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BARTHLE, WIL	/IY BROS. BLVD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	BARTHLE, RO	/IY BROS. BLVD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S (FAGAN, LISA E 27850 BAYHEA DADE CITY, FI	AD RD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	Т () Delete	Title: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LISA B. FAGAN S 04/07/2009