2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # P95000019644 1. Entity Name TIMBERLY, INC.						03-31-2008	90053 00	1 ***511	.25
Principal Plac 6222 TOWER B-3 SARASOTA, F	R LANE Fl 34240 us	Mailing Address 6222 TOWER LANE B-3 SARASOTA, FL 34240	US		e MANO		2005 		
2. Principal Place of Business - No P.O. Box # 1703 Bayshore Road 1703 Bayshore Suite. Apt. #, etc. 3. Mailing Address 1703 Bayshore Suite. Apt. #, etc.			re Rook	√ .	03062008	Chg-P		34 (12/06)	.
City & Stat Nokom Zip 3427	is , FL Country	Zip 34275	Country USA					\$8.75 Add Fee Require	
PETZOLDT, TODD 6222 TOWER LANE B-3 SARASOTA, FL 34240				Name TOdd Petzoldt Street Address (P.O. Box Number is Not Acceptable) 1703 Registere Road					
8. The above named entire 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 acolicable. (NOTE: Registered Agent supnature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.0	9. Election Câmpaign Trust Fund Contrib	· -		00 May Be ed to Fees				
10.	OFFICERS AND D	DIRECTORS Delete	11. TITLE	VPI		CHANGES TO OF		DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PETZOLDT, CURTIS S 3755 59TH AVENUE CIRCLE E ELLENTON, FL 34222		NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VS PETZOLDT, C T 6222 TOWER LANE B-3 SARASOTA, FL 34240	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	P/D C. T 1703 Nok	Beyslow	14 a Rood FL 34273	s	⊠ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	ITILE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted 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 Date Date									