## **FILED** Feb 11, 2008 08:00 AM Secretary of State

ANNOAL NEPONI
DOCUMENT # P95000060253
1. Entity Name
CARTER TIMBER, INC.

Principal Place of Business

Mailing Address

1009 SW MAIN BLVD.

P.O. BOX 2085

LAKE CITY, FL 32056

LAKE CITY, FL 32025



01242008 DO NOT WRITE IN THIS SPACE

	<b>¢</b> 9.76	A statistics and
59-3331231		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

Fee Required

CR2E034 (11/05)

8. Name and Address of Current Registered Agent

CARTER, CARL I

No Chg-P

153 NE M/ LAKE CIT	ADISON Y, FL 32055				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 is	f applicable (NOTE Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CARTER, CARL IVEY 153 N.E. MADISON LAKE CITY, FL 32056						
TITLE NAME STREET ADDRESS CITY-ST-2IP					000000824261 02/20/08-80070-018 150.00		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZiP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷						
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this fil	uno does oot qualify for the eye	motions con	stained in Chapter 11	9. Florida Statutes & further certify that the information		
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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							

rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a abress, with all other like empowered. of the corporation or the receiver or tri changed, or on an attachment with a

**SIGNATURE:**