2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000072313

1. Entity Name
WILLIS TIMBER CORPORATION

Principal Place of Business	Mailing Address
2416 WINTHROP ROAD	2416 WINTHROP ROAD
TALLAHASSEE, FL 32312 US	TALLAHASSEE, FL 32312 US

DO NOT WRITE IN THIS SPACE

08012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3339637	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIS, BEN C JR.
2416 WINTHROP ROAD
TALLAHASSEE, FL 32312

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 $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000771396
08/03/07-80005-010 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIS, BEN C JR.
STREET ADDRESS	2416 WINTHROP ROAD
CITY - ST - ZIP	TALLAHASSEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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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: _____   8-2-07   850 385-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #