2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Feb 14, 2007 08:00 AM **DOCUMENT # P95000089638 Secretary of State** HAYES TIMBER CORPORATION Principal Place of Business Mailing Address 20778 SE FANNIN AVENUE P O BOX 417 BLOUNTSTOWN, FL 32424 BLOUNTSTOWN, FL 32424 CR2E034 (11/05) 02062007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3345170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HAYES, D B 20778 SE FANNIN AVE BLOUNTSTOWN, FL 32424 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 reinstaling) 9, Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HAYES, D. BURKE NAME STREET ADDRESS 20778 SE FANNIN AVE CITY-ST-ZIP BLOUNTSTOWN, FL 32424 ~U00000634916 TITLE 02/22/07-80031-017-150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED