

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2007 08:00 AM

Secretary of State

DOCUMENT # P96000069122

1. Entity Name

SANTA ROSA FOREST PRODUCTS, INC.



Principal Place of Business

351 BECK'S LAKE ROAD
CANTONMENT FL 32533

Mailing Address

P O BOX 81
CANTONMENT FL 32533



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3405395

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JIMMY
351 BECK'S LAKE ROAD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 r applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DVP TAYLOR, JIMMY	<input type="checkbox"/> Delete
STREET ADDRESS	2350 COUNTRY PLACE CIR	
CITY-ST-ZIP	PENSACOLA FL 32533	
TITLE NAME	DP TAYLOR, JACK ALLEN	<input type="checkbox"/> Delete
STREET ADDRESS	952 CANDLESTICK COURT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	D TREXLER, ROBERT L.	<input type="checkbox"/> Delete
STREET ADDRESS	143 WOODHAVEN	
CITY-ST-ZIP	SEABROOK TX	
TITLE NAME	D ORR, THOMAS E.	<input type="checkbox"/> Delete
STREET ADDRESS	25 LIBERTY RD	
CITY-ST-ZIP	CANDLER NC 28715	
TITLE NAME	D LARGE, HOLLIS R.	<input type="checkbox"/> Delete
STREET ADDRESS	105 MIKE MILLER LANE	
CITY-ST-ZIP	CLINTON TN 37716	
TITLE NAME	D THRASH, THOMAS L.	<input type="checkbox"/> Delete
STREET ADDRESS	659 RED CANYON RD	
CITY-ST-ZIP	BIG PINEY WY 83113	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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02/26/07-80040-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jim Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-07

850-232-7812

Date

Daytime Phone #