

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90008 036 \*\*\*150.00

DOCUMENT # P96000097081

1. Entity Name

NOCATEE TIMBER COMPANY, INC.

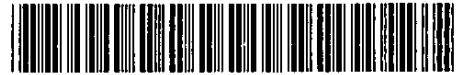


Principal Place of Business

7006 ATLANTIC BLVD  
JACKSONVILLE FL 32211-8706

Mailing Address

7006 ATLANTIC BLVD  
JACKSONVILLE FL 32211-8706



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

1660 EMERSON ST

(3) Mailing Address

1660 EMERSON ST

Suite, Apt. #, etc.

JACKSONVILLE FL

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

Zip

32207

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3415953

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERETT, LOUIS  
7006 ATLANTIC BLVD  
JACKSONVILLE FL 32211-8706

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, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	PV	<input type="checkbox"/> Delete
NAME	EVERETT, LOUIS	
STREET ADDRESS	7006 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211-8706	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAULKINS, WILLIAM F SR.	
STREET ADDRESS	7006 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EVERETT, HARLO G JR.	
STREET ADDRESS	7006 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08 396 6334