


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000001944</b> 1. Entity Name <b>GILLMAN TIMBER CORPORATION</b>	
---	---

Principal Place of Business <b>2185 N HWY 81 WESTVILLE, FL 32464</b>	Mailing Address <b>2185 N HWY 81 WESTVILLE, FL 32464</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3440606</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>GILLMAN, GREGORY B 2187 N HWY 81 WESTVILLE, FL 32464</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLMAN, GREGORY B 2187 N HWY 81 WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLMAN, CARL 1889 ARRANT ROAD WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000898427  
04/25/08-80089-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4-14-08** Daytime Phone # **850 956 1201**