2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000059721

1. Entity Name

TIMBERWAY DEVELOPMENT GROUP, INC.



Principal Place of Business

2888 REMINGTON GREEN LANE

STE. C

TALLAHASSEE, FL 32308 US

Mailing Address

2888 REMINGTON GREEN LANE

STE. C

DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32308 US

. . .



01172006

No Chg-P

CR2E034 (11/05)

FILED Feb 28, 2006 08:00 A

Secretary of State

4. FEI Number 59-3466032

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D ESQ 2810 REMINGTON GREEN CIR TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am famil	iar with, and acce
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable TNOTE Registered A	voent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	JJN0000451258 03/10/06-80047-006	158.75
10.	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	P HARVELL, BRADLEY S 2888 REMINGTON GREEN LANE, ST TALLAHASSEE, FL 32308	re. C		•	•	
NAME STREET ADDRESS CITY-ST-ZIP	STD HARVELL, BRADLEY S 2888 REMINGTON GREEN LANE ST TALLAHASSEE, FL 32308	E C			• • • •	1222
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
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:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127/06

(450)561-102

Daytime Phone if