

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90031 018 ***158.75

DOCUMENT # P97000082995

1. Entity Name
NORTHERN LAND & TIMBER COMPANY



Principal Place of Business

Mailing Address

~~105 S 5TH ST~~ 115 S. St
~~MACCUSAY, FL 32063~~
MACCUSAY FL 32063

~~105 S 5TH ST~~ 115 S. St
~~MACCUSAY, FL 32063~~
MACCUSAY FL 32063



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3469398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

⁸
KNABB, GEORGE W
~~105 S 5TH ST~~ 115 S St
~~MACCUSAY, FL 32063~~
MACCUSAY FL 32063

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNABB, GEORGE W
STREET ADDRESS	105 S 5TH ST 115 S. St
CITY-ST-ZIP	MACCUSAY, FL 32063 MACCUSAY, FL 32063
TITLE	VP
NAME	SHADD, JOHN L
STREET ADDRESS	P.O. BOX 506
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	ST.
NAME	PRITCHETT, M H
STREET ADDRESS	P.O. BOX 311
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

16 Apr 04

9042598914