2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 02, 2006 8:00 am **DOCUMENT # P97000088572 Secretary of State** 02-02-2006 90030 016 ***150.00 **ECONFINA TIMBER COMPANY** Principal Place of Business Mailing Address 726 THOMAS DRIVE 726 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business 3. Mailing Address 01232006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3476253 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRE6 TAYLOR, GREG Street Address (P.O. Box Number is Not Acceptable) 726 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 8323 LAIRD City Zip Code 32408 PANAMA CITY BCh, FI 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. míe ☐ Delete TITLE ☐ Change Addition TAYLOR, GREG NAME NAME 8323 LAIRD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BCH, FL 32408 CITY-ST-ZIP SECRETARY Delete TITLE Change ■ Addition MI F HAROLD HILL NAME COUNTS, STEVE NAME STREET ADDRESS 726 THOMAS OR. STREET ADDRESS 726 THOMAS DR CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP PANAMA CITY BCH, Fl. 32408 Change ☐ Addition MLE Delete NAME HILL, HAROLD NAME STREET ADDRESS 726 THOMAS DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-7IP Delete Change Addition TITLE FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachmer th an address, with all other like empowered

SIGNATURE:

GRE6

1-26-06 Date

FILED