2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000088572



FILED Jan 16, 2007 8:00 am Secretary of State

1. Entity Name ECONFINA TIMBER COMPANY					01-16-2007 90216 011 ***150.00				
8323 LAIRD	e of Business ST Y BEACH, FL 32408	Mailing Address 8323 LAIRD ST PANAMA CITY BEACH,	-		a iom form com com sp	TY W USEL SUTUR SUC	t. Et siin (Sais (A	D451 (2 (10)	
Principal Place of Business - No P.O. Box # Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01102007	Chg-P	CR2E03	14 (12/06)		
City & State		City & State	City & State		4. FEI Number 59-3476253			Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired	L .	8.75 Add ee Require		
	6. Name and Address of Current		Na de la companya de	7. Name and	Address of New F	cegistered A	gent		
TAYLOR, 8323 LAIR PANAMA			Street Address (P.O. Box Number is Not Acceptable)						
·			City			FL	Zip Code	e	
8. The above the obligat	named entity submits this statement tions of registered agent.	or the purpose of changing it	s registered office or re	egistered agent, or bo	th, in the State of Fl	orida. I am fa	amilias with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agen	a god title of mentiophie	T. Comment Annual Comment			DATE:			
	Some of the contract of the second of the se		TE: Registered Agent signature			DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cor		\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE A	TAYLOR, GREG	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	8323 LAIRD ST PANAMA CITY BCH, FL 32408		STREET ADDRESS CITY-ST-ZIP					1	
TITLE NAME • •	S HILL, HAROLD	☐ Delete	TIFLE NAME				ZI-enange	Addition	
STREET MODRESS CITY-ST-ZIP	726 THOMAS DR PANAMA CITY BEACH, FL 324	108	STREET ADDRESS CITY-ST-ZIP	2104 T	Homas	De.			
TITLE	T	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HILL, HAROLD 726 THOMAS DR PANAMA CITY BEACH, FL 324	เกล	NAME STREET ADDRESS CITY-ST-ZIP	2104	HOMAS	DR			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition	
of the cor	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee empty, or on an attachment with an address	is true and accurate and that powered to execute this repor	my signature shall hav it as required by Chapt d.	re the same legal effer ter 607, Florida Statute	ct as if made under es; and that my nam	oath; that I ar le appears in	n an officer Block 10 or	or director r Block 11 if	
SIGNAT	TURE: SIGNATURE AND TOPED OR	PRENTED NAME OF SIGNANG OFFICE		TAYLOR	/-10-0		50-23 ytime Phone #	14-2690	