

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000008648

1. Entity Name
TIDEWATER TIMBER CORPORATION



Principal Place of Business
147 N. LAWSON ROAD
POQUOSON, VA 23662

Mailing Address
147 N. LAWSON ROAD
POQUOSON, VA 23662



03272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 59-3495243 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

YONG, FRANK J
4570 ST. JOHNS AVE. STE 1-A
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

3. 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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|------------------------|---------------------------|
| TITLE | PD |
| NAME | MAGUIRE, MICHAEL M |
| STREET ADDRESS | 147 N. LAWSON ROAD |
| CITY - ST - ZIP | POQUOSON, VA 23662 |

| | |
|------------------------|---------------------------|
| TITLE | STD |
| NAME | MAGUIRE, JENNY C |
| STREET ADDRESS | 147 N. LAWSON ROAD |
| CITY - ST - ZIP | POQUOSON, VA 23662 |

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

Michael M. Maguire

MICHAEL M. MAGUIRE **757-898-7700**
3-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #