2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011924

Entity Name: SPENCE/APFEL LAND AND TIMBER CO., INC.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
935 W JOHN SIMS PKWY NICEVILLE, FL 32578					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
935 W JOHN SIMS PKWY NICEVILLE, FL 32578					
FEI Number: 5	59-3503281	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SPENCE, W. FERROL 935 W JOHN SIMS PKWY NICEVILLE, FL 32578 US					
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.					
SIGNATURE:					
Election Cam		nic Signature of Registered Agent ng Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D (APFEL, WILLI 935 W JOHN : NICEVILLE, FI	SIMS PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SPENCE, REE 935 W JOHN S NICEVILLE, FI	SIMS PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SPENCE, W. I 935 W JOHN S NICEVILLE, FI	SIMS PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (APFEL, MARY 935 W JOHN S NICEVILLE, F	SIMS PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SPENCE, THO 935 W JOHN S NICEVILLE, FI	SIMS PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HENCINSKI, M 935 W JOHN : NICEVILLE, FI	SIMS PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. APFEL D 04/17/2006