FILED Apr 23, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022584 1. Entity Name TIMBERLAND CONTRACTORS, INC.							04-23-2008	90030 04	!5 ***1 <i>:</i>	50.00
Principal Place of Business 4883 GLOVER LANE MILTON, FL 32570			Mailing Address 4883 GLOVER LANE MILTON, FL 32570				ı 1818) 1811 8811 88 17 88111		êmiy tam Alf	(400) <u>11 (40)</u>
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172008	Chg-P	CR2E034	(12/06)	
City & State			City & State			4. FEI Number 59-349			No	plied For t Applicable
Zip	Country		Zip	Country		L	of Status Desired	Fe	8.75 Add se Require	litional d
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
WALTERS, CHRISTOPHER K 6011 JAYS WAY MILTON, FL 32570					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	9
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 aignature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
ATTO M	ay 1, 2008	jes wiii de żżonir	Hose who com	a toution.	→ ∧ 000	60 IU 1 603				
10.	,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND E	RECTOR	S IN 11
TITLE	D	OUDIOTODUEDIC	☐ Delete	IITL				[Change	Addition
NAME Street Adoress	6011 JAYS	S, CHRISTOPHER K S WAY		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	MILTON, I	- .			-ST-ZIP					
TITLE	D.		☐ Delete	TITL	: :				Change	Addition
NAME	ROLLO, S			NAM	E					
STREET ADORESS CITY-ST-ZIP		FGANG DR			ET ADDRESS -ST-ZIP					
ITLE	MILTON, I	FL 32570	NO Colors	IM				Г	Change	☐ Addition
NAME	ROLLO, W	VILLIAM R	Delete Delete	NAM				L	T) Custida	Addition
STREET ADDRESS	1	CHMAN ROAD		STRE	ET ADDRESS					
CITY-ST-ZIP	MILTON, I	FL 32583		CITY	-ST-ZIP					
TIFLE			☐ Delete	TITL				[Change	☐ AddItion
NAME Street Address				NAM	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
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NAME				NAM						•
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CITY-ST-ZIP			П		-ST-ZIP				7.05	□ Addition
TITLE NAME			☐ Delete	TITLE NAM				L	Change	Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	'				-ST-ZIP					
12. I hereby certify that the information supplied with this filing 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 attachment of the anaddress, with all other like empowered.										