


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000032144
 1. Entity Name
TIMBER RECOVERY, INC.



Principal Place of Business Mailing Address
 2350 DOYLE RD 2350 DOYLE RD
 DELTONA, FL 32738 DELTONA, FL 32738

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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3504014 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 RICE, MARK W
 2350 DOYLE RD
 DELTONA, FL 32738

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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: *Mark W Rice* DATE: 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICE, MARK W 2350 DOYLE RD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RICE, TERESA L 2350 DOYLE RD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, MARK JR 2350 DOYLE RD DELTONA, FL 32738
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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)(i), 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: *Mark W Rice - Teresa L Rice* DATE: 3-15-05 Daytime Phone #: 407-323-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date