


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000036869**

1. Entity Name  
**M & E TIMBER, INC.**



Principal Place of Business      Mailing Address

2451 E. ELLISON ROAD      2451 E. ELLISON ROAD  
 PERRY, FL 32347      PERRY, FL 32347

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3506094**      Not Applicable

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

6. Name and Address of Current Registered Agent

**PRUITT, ELAINE**  
 2451 E. ELLISON ROAD  
 PERRY, FL 32347

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	P PRUITT, MERRITT 2451 E. ELLISON ROAD PERRY, FL 32437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PRUITT, ELAINE 2451 E. ELLISON ROAD PERRY, FL 32347
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 04/06/05-80021-001 150.00

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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)(l), 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: Elaine Pruitt      Elaine Pruitt      4/3/05      850-584-6650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #