

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Feb 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # P98000037837

1. Entity Name

SOUTHERN TIMBER COMPANY



Principal Place of Business

5151 NORTHEAST 167TH COURT  
WILLISTON, FL 32696

Mailing Address

P O BOX 268  
WILLISTON, FL 32696



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FL Number

59-3506425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M  
1 S.E. FIRST AVENUE  
GAINESVILLE, FL 32606

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

000000443214

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

03/09/06-80024-019 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BOREE, GREGORY G  
STREET ADDRESS 2425 HOPKINS ST  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE M  
NAME HUBER, JAY  
STREET ADDRESS P O BOX 833  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE ST  
NAME HUBER, PAMELA G  
STREET ADDRESS P O BOX 833  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/22/06 352  
528-5261