

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. FEI 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**

DO NOT WRITE IN THIS SPACE

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 reinstating)

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

DATE: 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	

DO NOT WRITE 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: Pamela G Huber **2/22/06** **352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **528-5261**