

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000056144

1. Entity Name
DEER POINT TIMBER PRODUCTS, INC.



FILED
Apr 22, 2005 08:00 AM
Secretary of State

Principal Place of Business
3342 COWAN RD
PANAMA CITY, FL 32409

Mailing Address
3342 COWAN RD
PANAMA CITY, FL 32409



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3519547

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLISOR, ADAM
3342 COWAN RD
PANAMA CITY, FL 32409

**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)

DATE

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
PVT
ELLISOR, ADAM
3342 COWAN RD
PANAMA CITY, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLISOR, ADAM
3342 COWAN RD
PANAMA CITY, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ELLISOR, KIMBERLY
3342 COWAN RD
PANAMA CITY, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000323221
04/22/05-80044-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Kimberly Ellison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2005

Date

Daytime Phone #

850-271-05