2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081646

Entity Name: RT TIMBER, INC.

FILED Apr 08, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ERSITY BLVD. /ILLE, FL 322 ⁻		SUITE 100	3020 HARTLEY ROAD SUITE 100 JACKSONVILLE, FL 32257		
Current Ma	ailing Address	s:	New Maili	New Mailing Address:		
2700 UNIVERSITY BLVD. SUITE A-2 JACKSONVILLE, FL 32217			SUITE 100	3020 HARTLEY ROAD SUITE 100 JACKSONVILLE, FL 32257		
FEI Number:	59-3538951	FEI Number Applied For ()	El Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and				Address of N	ew Registered Agent:	
HANNON, GARY F 2700 UNIVERSITY BLVD W STE A2 JACKSONVILLE, FL 32217 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.						
SIGNATUR						
Electronic Signature of Registered Agent Date						
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HANNON, GARY	TY BLVD. SUITE A-2	Title: Name: Address: City-St-Zip:	PRES (X) HINSON, DONAI 3020 HARTLEY JACKSONVILLE	ROAD #100	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	CEO () HUTSON, DAVIE 3020 HARTLEY JACKSONVILLE	ROAD #100	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () HUTSON, NANC 3020 HARTLEY JACKSONVILLE	ROAD #100	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () WILSON, ERIK 3020 HARTLEY JACKSONVILLE	ROAD #100	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S/T () COX, ELINORE 3020 HARTLEY JACKSONVILLE	ROAD #100	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELINORE C. COX S/T 04/08/2004