

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010641

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: BAYARD TIMBERLAND COMPANY

## Current Principal Place of Business:

24091 PHILLIPS HWY.  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 54249  
JACKSONVILLE, FL 32245

## New Mailing Address:

FEI Number: 59-0997387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, DAVID M  
1301 RIVERPLACE BLVD., STE. 1500  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KORMAN, HOWARD I  
Address: 4490 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DCS ( ) Delete  
Name: PATTON, MARY CARR  
Address: 4490 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT ( ) Delete  
Name: BIDWILL, CHARLES W JR  
Address: 22 REGENT WOOD  
City-St-Zip: NORTHFIELD, IL 60093

Title: D ( ) Delete  
Name: BIDWILL, CHARLES W III  
Address: 1921 SCHILLER AVENUE  
City-St-Zip: WILMETTE, IL 60091

Title: DVP ( ) Delete  
Name: JOHNSTON, WILLIAM H JR  
Address: 8901 COUNTY LINE ROAD  
City-St-Zip: BURR RIDGE, IL 60527

Title: AS ( ) Delete  
Name: KUHN, W. ROBERT JR  
Address: 13210 PECKY CYPRESS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: W. ROBERT KUHN, JR.

AS

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date