


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90008 004 ***150.00

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| DOCUMENT # P99000020663 |  |
| 1. Entity Name GILCHRIST TIMBER COMPANY | |

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|---|---|
| Principal Place of Business 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 | Mailing Address 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03092007 Chg-P CR2E034 (12/06)

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|------------------------------------|--|
| 4. FEI Number 59-3561358 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HAIRE, NANCY C 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC MENKE, ROBERT M 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Martz, B. Bradford 360 Central Ave. St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEEHAN, DAVID K 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S White, John T. 360 Central Ave. St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HAIRE, NANCY C 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP Winkler, Mark E. 360 Central Ave. St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HUSSEMAN, EDWIN C 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRUBAKER, RICHARD M 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS TRUDEL, STEPHANIE D 360 CENTRAL AVE SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Nancy C. Haire Nancy C. Haire 4/13/2007 727 823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #