2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000024166

1. Entity Name
D & D TIMBER HARVESTING, INC.

Principal Place of Business	Mailing Address
RT. 1, BOX 45-SB HOSFORD, FL 32334	20309 NE TODD RD. HOSFORD, FL 32334

2. Principal Place of Business
20309 NE Todd Rd

Suite, Apt. #, etc.

City & State: Hosford, FL.

Zip: 32334   Country: Unit

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

01192005 -   Chg-P   CR2E034 (10/03)

4. FEI Number 59-3569672	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THARPE, DONALD
RT. 1, BOX 45-SB
HOSFORD, FL 32334

7. Name and Address of New Registered Agent

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 _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME THARPE, DONALD		NAME	
STREET ADDRESS RT. 1, BOX 45-SB		STREET ADDRESS	
CITY-ST-ZIP HOSFORD, FL 32334		CITY-ST-ZIP	
TITLE S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME THARPE, DELORES		NAME	
STREET ADDRESS RT. 1, BOX 45-SB		STREET ADDRESS	
CITY-ST-ZIP HOSFORD, FL 32334		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Donald Tharpe   Donald Tharpe   4-11-05   850-379-8652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #