

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000031379

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** LONGLEAF TIMBER COMPANY, INC.

**Current Principal Place of Business:**

501 RIVERSIDE AVE., SUITE 902  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVERSIDE AVE, SUITE 902  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-3633329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, BRIAN  
501 RIVERSIDE AVE., SUITE 902  
JACKSONVILLE, FL 32202 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:** DPST  
**Name:** SMITH, R. LEE  
**Address:** 501 RIVERSIDE AVE., SUITE 902  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** V  
**Name:** BROWN, BRIAN E  
**Address:** 501 RIVERSIDE AVE., SUITE 902  
**City-St-Zip:** JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN BROWN

V

04/20/2010

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

\_\_\_\_\_  
Date