


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90016 027 \*\*\*150.00

<b>DOCUMENT # V10666</b>		
1. Entity Name <b>SPECIALTY TIMBERS, INC.</b>		

Principal Place of Business <b>P O BOX 607827 ORLANDO FL 32860 US</b>	Mailing Address <b>P O BOX 607827 ORLANDO FL 32860 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2560 West Orange Blossom TRAIL</b>	3. Mailing Address <b>PO Box 1297</b>
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1st MOORE CR2E034 (10/06)

City & State <b>APOPIKA FI</b>	City & State <b>PLYMOUTH FI</b>	4. FEI Number <b>59-3102437</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32712</b>	Country <b>USA</b>	Zip <b>32768</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WELLS, M W JR 340 N ORANGE AVE SUITE A ORLANDO FL 32860</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 transferring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST-ZIP	DP COOKE, BRADLEY W. 405 GROVELAND RD MOUNT DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	DST COOKE, DEBRA M. 405 GROVELAND RD MOUNT DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Bradley W. Cooke* **2/27/07 (407) 410-0069**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #