## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66210

Entity Name: MADISON TIMBER HOLDINGS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

HWY 349 NORTH HWY 349 NORTH

1 MILE NORTH OF OLD TOWN OLD TOWN, FL 32680 US 1 MILE NORTH OF OLD TOWN OLD TOWN, FL 32055 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1829 P.O. BOX 1829

LAKE CITY, FL 320561829 US LAKE CITY, FL 32055 US

FEI Number: 59-3141260 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCRAE, CHRIS
1677 MAHAN CTR BLVD

MCRAE, CHRIS
871 NW GUERDON STREET

1677 MAHAN CTR BLVD 871 NW GUERDON STREET TALLAHASSEE, FL 32308 US LAKE CITY, FL 32055 US

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: 04/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ANDERSON, DOUG
 Name:
 ANDERSON, DOUG

 Address:
 HIGHWAY 349 NORTH
 Address:
 HIGHWAY 349 NORTH

 City-St-Zip:
 OLD TOWN, FL 32680
 City-St-Zip:
 OLD TOWN, FL 32055

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 ANDERSON, JOE H. III
 Name:
 ANDERSON, JOE H. III

 Address:
 HIGHWAY 349 NORTH
 Address:
 HIGHWAY 349 NORTH

 City-St-Zip:
 OLD TOWN, FL 32680
 City-St-Zip:
 OLD TOWN, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRIAN SCHREIBER SECR 04/14/2009