

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667345

FILED
Mar 10, 2005
Secretary of State

Entity Name: FLORIDA LUMBER INSPECTION SERVICE, INC.

Current Principal Place of Business:

1641 SIGMAN RD
CONYERS, GA 30012 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 898
CONYERS, GA 30012 US

New Mailing Address:

FEI Number: 59-2004213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, MARK
124 PINE TREE RD
PERRY, FL 32347 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: PT () Delete
Name: WILLIAMS, RONALD L
Address: 1641 SIGMAN RD
City-St-Zip: CONYERS, GA 30012

Title: VS () Delete
Name: RESPESS, JAMES L
Address: 1641 SIGMAN RD
City-St-Zip: CONYERS, GA 30012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. RESPESS

VS

03/10/2005

Electronic Signature of Signing Officer or Director

_____ Date