

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843474

Entity Name: WOODFORD PLYWOOD, INC.

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

1504 S MOCK RD  
ALBANY, GA 31705

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50007  
ALBANY, GA 31703 US

**New Mailing Address:**

FEI Number: 58-1242656      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ILER, KAREN W  
11960 WEST BEAVER ST  
JACKSONVILLE, FL 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: PD ( ) Delete  
Name: WOOD, HERBERT GUY,  
Address: 137 NUNNALLY LANE  
City-St-Zip: LEESBURY, GA 31763

Title: VD ( ) Delete  
Name: WOOD, DARIN G  
Address: 5611 OLD DAWSON  
City-St-Zip: ALBANY, GA 31721

Title: STD (X) Delete  
Name: ILER, KAREN  
Address: 2413 TARA RD  
City-St-Zip: ALBANY, GA 31721

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WOOD, DARIN G  
Address: 5611 OLD DAWSON  
City-St-Zip: ALBANY, GA 31721

Title: VD (X) Change ( ) Addition  
Name: ILER, KAREN  
Address: 2413 TARVA RD.  
City-St-Zip: ALBANY, GA 31721

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

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: KAREN W. ILER

VD

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date