


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F49936
 1. Entity Name
SUNBELT FOREST PRODUCTS CORPORATION



Principal Place of Business Mailing Address
U S HIGHWAY 17 & SPIRIT LAKE RD **U S HIGHWAY 17 & SPIRIT LAKE RD**
P O BOX 1218 **P O BOX 1218**
BARTOW, FL 33830 **BARTOW, FL 33830**

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2156058 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLAND, CARL F
HWY 17 & SPIRIT LAKE RD
BARTOW, FL 33830

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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HOLLAND, ALFRED E
STREET ADDRESS	US HWY17 & SPRIT LAKE RD
CITY-ST-ZIP	BARTOW, FL 00000,
TITLE	P
NAME	HOLLAND, CARL F
STREET ADDRESS	US HWY 17 & SPIRIT LAKE RD
CITY-ST-ZIP	BARTOW, FL 00000,
TITLE	V
NAME	KING, AUGUSTUS H
STREET ADDRESS	US HWY 17 SPIRIT LK RD
CITY-ST-ZIP	BARTOW, FL 00000,
TITLE	S
NAME	WALLACE, HOWE Q
STREET ADDRESS	US HWY 17 & SPIRIT LK RD
CITY-ST-ZIP	BARTOW, FL
TITLE	T
NAME	FLETCHER, CASEY A
STREET ADDRESS	US HWY 17 & SPIRIT LAKE RD
CITY-ST-ZIP	BARTOW, FL
TITLE	S
NAME	DURRENCE, JEAN E
STREET ADDRESS	US HWY 17 & SPIRIT LAKE RD
CITY-ST-ZIP	BARTOW, FL

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 04/30/04-80063-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Carl F. Holland CARL F. HOLLAND 4/27/04 (813) 534-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #