


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000004944  
 1. Entity Name  
 ADVANCED SAWMILL MACHINERY, INC.



Principal Place of Business      Mailing Address  
 481 MACHINERY CIRCLE      481 MACHINERY CIRCLE  
 HOLT, FL 32564 US      HOLT, FL 32564 US

**DO NOT WRITE IN THIS SPACE**



07052006      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-3213788	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SEFFENS, DAVID E  
 481 MACHINERY CIRCLE  
 HOLT, FL 32564

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEFFENS, DAVID E ONE BALMORAL DRIVE NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CANNON, WILLIAM 1007 NORTH PL BENTON, AR 72015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARVEY, EDWARD M 1406 CANTRELL ROAD LITTLE ROCK, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575582  
 08/29/06-80009-012 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  8/28/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #