


2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90102 001 \*\*\*150.00

<b>DOCUMENT # F99000004930</b>	
1. Entity Name BOMER BLANKS LUMBER CO., INC.	

Principal Place of Business 6811 JEFFERSON HIGHWAY BATON ROUGE, LA 70806 US	Mailing Address 6811 JEFFERSON HIGHWAY BATON ROUGE, LA 70806 US
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40003303



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01032008 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 72-0415526	Applied For Not Applicable
Zip	Country	Zip	Country

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

**5. Name and Address of Current Registered Agent**

MCGILL, ROBERT E III, PA  
 36008 EMERALD COAST PARKWAY  
 SUITE 301  
 DESTIN, FL 32541

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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**  
 After May 1, 2008 Fee will be \$550.00

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHURTZ, CHERRY	
STREET ADDRESS	11853 LAKE ESTATES AVENUE	
CITY-ST-ZIP	BATON ROUGE, LA 70810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGILL, ROBERT E III	
STREET ADDRESS	36008 EMERALD COAST PARKWAY, SUITE 301	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, A. NEIL III MD	
STREET ADDRESS	2223 QUAIL RUN, SUITE D-1	
CITY-ST-ZIP	BATON ROUGE, LA 70808	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH MCGILL, LOTTIE	
STREET ADDRESS	5 WEEKEWACHEE CIR.	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

**SIGNATURE:** *Cherry Schurtz* **10 Jan 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #