

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90019 047 ***150.00

DOCUMENT # S58129 1. Entity Name LUMBER SPECIALTIES, INC.					
Principal Place of Business 4914 W LINEBAUGH AVE TAMPA, FL 33624 US			Mailing Address P.O. BOX 272473 TAMPA, FL 33688-2473 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3079169	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ION, DAVID J. 4914 W. LINEBAUGH AVE TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP ION, DAVID J. 9571 LARYOAK FORAL CIT, FL		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Douglas Wayne Heston 9703 Lake Jasmine Dr TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST ION, STEVE 19102 CELLINI PL LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
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 my address, with all other like empowered.					
SIGNATURE:			David ION		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2-16-08		

40030328



01092008 Chg-P CR2E034 (12/06)

813-269-0441