

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 017826**

1. Entity Name  
ED SMITH LUMBER CO.



**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2837 SANCTUARY BLVD  
JACKSONVILLE BCH, FL 32250 US

Mailing Address  
2837 SANCTUARY BLVD  
JACKSONVILLE BCH, FL 32250 US



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0697851  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

CHIVINGTON, DOUGLAS E.  
2837 SANCTUARY ROAD  
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

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 NAME STREET ADDRESS CITY - ST - ZIP	PD CHIVINGTON, PAUL 1901 1ST ST NO. #703 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHIVINGTON, GWENDOLYN 1901 1ST ST NO. #703 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CHIVINGTON, DOUGLAS 2837 SANCTUARY BLVD JACKSONVILLE BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000000112  
01/07/04-80007-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Douglas Chivington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

904-246-0239

Date

Daytime Phone if