2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90009 048 ***150.00

DOCUMENT # 017826

1. Entity Name
ED SMITH LUMBER CO.

50002653

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

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1655 THE GREENS WAY	1655 THE GREENS WAY
Suite, Apt. #, etc.: UNIT # 2825	Suite, Apt. #, etc.: UNIT # 2825
City & State: JACKSONVILLE BCH, FL	City & State: JACKSONVILLE BCH, FL
Zip: 32250 Country: US	Zip: 32250 Country: US

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	7. Name and Address of New Registered Agent
CHIVINGTON, DOUGLAS E. 2837 SANCTUARY ROAD JACKSONVILLE BEACH, FL 32250	Name: CHIVINGTON, DOUGLAS E. Street Address (P.O. Box Number is Not Acceptable): 1655 THE GREENS WAY UNIT # 2825 City: JACKSONVILLE BCH. FL Zip Code: 32250

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: Douglas E. Chivington DOUGLAS E. CHIVINGTON 1-11-05
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, 2005 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-ST-ZIP	PD CHIVINGTON,PAUL 1901 1ST ST NO. #703 JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHIVINGTON, PAUL 1901 1ST ST. NO # 501 JACKSONVILLE BCH, FL 32250	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIVINGTON, GWENDOLYN 1901 1ST ST NO. #703 JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHIVINGTON, GWENDOLYN 1901 1ST ST. NO # 501 JACKSONVILLE BCH, FL 32250	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHIVINGTON, DOUGLAS 2837 SANCTUARY BLVD JACKSONVILLE BCH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P-D CHIVINGTON, DOUGLAS 1655 THE GREENS WAY #2825 JACKSONVILLE BCH, FL 32250	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 E. Chivington DOUGLAS E. CHIVINGTON 1-11-05 904-273-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #