## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 154482** 

Entity Name: THOMAS LUMBER COMPANY INC

FILED Feb 07, 2006 Secretary of State

The way of the way of the control of							
Current Principal Place of Business:				New Principal Place of Business:			
231 W GORE STREET PO BOX 993 ORLANDO, FL 32802							
Current Mailing Address:				New Mailing Address:			
231 W GORE STREET PO BOX 993 ORLANDO, FL 32802							
FEI Number: 59-0594635 FEI Number Applied For ( ) FEI Number			FEI Nun	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Na				Name and	Name and Address of New Registered Agent:		
WILKINS III, S. GAYDEN 231 W GORE ST ORLANDO, FL 32806 US				WILKINS, GAYDEN S III 231 W GORE ST ORLANDO, FL 32806 US			
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.							
SIGNATURE: S. GAYDEN WILKINS, III				02/07/2006			
Electronic Signature of Registered Agent Date							
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TD () LONG, LYNN L 4138 PECAN LA ORLANDO, FL			Title: Name: Address: City-St-Zip:	LONG, LYNN L	Change()Addition LA DRIVE #1403 32801	
Title: Name: Address: City-St-Zip:	SD () MILLITZER, REE 2026 FOREST C ORLANDO, FL			Title: Name: Address: City-St-Zip:	D (X) ARKINS, PAMEI 4509 LAKE GEN ORLANDO, FL	/I CIRCLE	
Title: Name: Address: City-St-Zip:	CEO () WILKINS, S. GA 2459 PADDOCK OVIEDO, FL 32	WAY		Title: Name: Address: City-St-Zip:	CEOD (X) WILKINS, GAYE 2459 PADDOCK OVIEDO, FL 32	CWAY	
Title: Name: Address: City-St-Zip:	P () JENKINS, DEAN 46 EAST ROSEV ORLANDO, FL	/EAR ST.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () THOMAS, ANDR 1625 LAKESIDE DELAND, FL 32	DRIVE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	THOMAS, A J III	SIDE CIRCLE N	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA W JENKINS PRES 02/07/2006