


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 217341		
1. Entity Name GATLIN LUMBER & SUPPLY COMPANY		

Principal Place of Business 57 BEAL PARKWAY N W FORT WALTON BEACH, FL 32548	Mailing Address 57 BEAL PARKWAY N W FORT WALTON BEACH, FL 32548
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01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0864180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURNETT, CYNTHIA 57 BEAL PARKWAY NW FORT WALTON BEACH, FL 32548

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P GATLIN, T R 57 WOODWARD SWITCH RD WAYNESBORO, MS 39367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURNETT, CYNTHIA T 1691 HWY 98 W MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLEY, MARTHA G 57 WOODWARD SWITCH RD WAYNESBORO, MS 39367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/24/06-80022-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Cynthia T Burnett 1/13/06 850-243-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #