

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236438

FILED
Apr 30, 2007
Secretary of State

Entity Name: CROSS CITY VENEER CO., INC.

Current Principal Place of Business:

106 NE 180TH ST
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

106 NE 180TH ST
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-0905036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANNON, DAVID
RUDOLPH PARRROTT RD
CROSS CITY, FL 32628 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, BOLLING, III,
Address: 200 E. PINE TREE BLVD.
City-St-Zip: THOMASVILLE, GA 31792

Title: STD () Delete
Name: FLETCHER, ELLIS
Address: 1904 WIMBILTON DRIVE
City-St-Zip: THOMASVILLE, GA 31792

Title: V () Delete
Name: CANNON, DAVID,
Address: RUDOLPH PARROTT ROAD
City-St-Zip: CROSS CITY, FL

Title: D () Delete
Name: THOMPSON, RAY
Address: 607 PATTERSON STEEL RD.
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID CANNON

VP

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date