

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:04 AM
Secretary of State

DOCUMENT # 272405

1. Entity Name
PLANTATION LUMBER, INC.



Principal Place of Business
545 MACLAY LANE
P O BOX 12457, ZIP 32317
TALLAHASSEE, FL 32312 US

Mailing Address
545 MACLAY RD
545 MACLAY LANE
TALLAHASSEE, FL 32312 US

DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1009070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLUESENKAMP, GORDON J., JR.
545 MACLAY LANE
TALLAHASSEE, FL 32312

**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 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

TITLE DS
NAME GLUESENKAMP, JOSEPHINE
STREET ADDRESS 545 MACLAY LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VDT
NAME GLUESENKAMP, G J, JR
STREET ADDRESS 545 MACLAY LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VP
NAME GLUESENKAMP, GORDON J. III
STREET ADDRESS 1484 MARION AVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE PD
NAME GLUESENKAMP, BENJAMIN D
STREET ADDRESS 545 MACLAY LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000360373
05/05/05-80031-015 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G.J. Gluesenkamp, Jr. 5/1/05 850-893-708