


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90340 048 ***150.00


DOCUMENT # 297108
 1. Entity Name
VERNON TOWNSEND LUMBER COMPANY



Principal Place of Business Mailing Address
 2305 URBAN ROAD, JAX 32210 2305 URBAN ROAD, JAX 32210
 JACKSONVILLE FL 32210-1248 JACKSONVILLE FL 32210-1248

2. Principal Place of Business 3. Mailing Address
4721 ETON LANE **4721 ETON LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE FL **JACKSONVILLE FL**
 Zip Country Zip Country
32210 **DUVAL** **32210** **DUVAL**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-1103917 Not Applicable

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

6. Name and Address of Current Registered Agent
TOWNSEND JR, E V
2305 URBAN ROAD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
 Name
TOWNSEND JR, E V
 Street Address (P.O. Box Number is Not Acceptable)
4721 ETON LANE
 City State Zip Code
JACKSONVILLE **FL** **32210**

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 **E. V. TOWNSEND, JR. PRESIDENT** *E. V. Townsend* **4/11/05**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOWNSEND JR, EDMOND VERNON	
STREET ADDRESS	4721 ETON LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TOWNSEND, BARBARA ANN	
STREET ADDRESS	4721 ETON LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TOWNSEND, VERNON III	
STREET ADDRESS	4838 AVON LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **E. V. TOWNSEND, JR. PRESIDENT** *E. V. Townsend* **4/11/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #