2008 FOR PROFIT CORPORATION

FILED Anr 28, 2008 08:00 AN ıte

ANNOAL KEFOKI					TAPI	20, 2000	
DOCUMENT # 317682 1. Entity Name WILLIAMSON STUMPWOOD COMPANY					\$	Secretary of	f St a
Principal Place 3257 HWY 90 BONIFAY, FL	0	Mailing Address P O BOX 810 BONIFAY, FL 32425 US			98 (1811 1888 B 8788 1878 1878 18		
DO NOT WRITE IN THIS SPAC				01212008 4. FEI Numb 59-116	No Chg-P	CR2E034 (11/05)	d For oplicable
	6. Name and Address of Current Re	gistered Agent					:
COATES; MARTIN E 3257 HWY 90 BONIFAY, FL 32425				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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing _ (\$5.00 May Be Added to Fees		· · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND DIF	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P COATES, MARTIN E 3257 HWY 90 BONIFAY, FL 32425				U00000 05/20/08-	927453 80107-010 150.	00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #