


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90012 010 ***150.00

DOCUMENT # 335768 1. Entity Name MC FARLAND LUMBER CO INC			
Principal Place of Business 6408 E. COLUMBUS DR. TAMPA, FL 33619		Mailing Address 6408 E. COLOUMBUS DR. TAMPA, FL 33619	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4608 S. COOPER PL Suite, Apt. #, etc.	
City & State Zip Country		City & State Tampa FL Zip Country 33611	
4. FEI Number 59-1224789		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNDERBERG, PAUL 4608 S COOPER PL TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD UNDERBERG, MARY PATRICIA <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	1910 DOVEFIELD PL	NAME	
STREET ADDRESS	BRANDON, FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TSD <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	UNDERBERG, PAUL	NAME	
STREET ADDRESS	4608 S COOPER PL	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>Paul Underberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/17/07 813-966-5351 Date Daytime Phone #	