

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 361994

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: W AND W LUMBER OF OKEECHOBEE INC

## Current Principal Place of Business:

16500 SW WARFIELD BLVD  
P.O. BOX 1  
INDIANTOWN, FL 349567001

## New Principal Place of Business:

## Current Mailing Address:

16500 SW WARFIELD BLVD  
P.O. BOX 1  
INDIANTOWN, FL 349567001

## New Mailing Address:

FEI Number: 59-1295548      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALL, IRIS  
16500 SW PALOMINO STREET  
INDIANTOWN, FL 34956 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: TD ( ) Delete  
Name: EDWARDS, EVA  
Address: 15801 SW PALOMINO ST  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SD ( ) Delete  
Name: LAWRENCE, CAROLYN W  
Address: 16200 SW MAPLE AVE.  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VD ( ) Delete  
Name: EDWARDS, CRAIG  
Address: 15801 SW PALOMINO ST.  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: PD ( ) Delete  
Name: WALL, IRIS  
Address: 16500 SW PALOMINO STREET  
City-St-Zip: INDIANTOWN, FL 34956 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: EDWARDS, EVA TREAS  
Address: 15801 SW PALOMINO ST  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SD (X) Change ( ) Addition  
Name: LAWRENCE, CAROLYN W SEC  
Address: 16200 SW MAPLE AVE.  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VD (X) Change ( ) Addition  
Name: EDWARDS, CRAIG VP  
Address: 15801 SW PALOMINO ST.  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: PD (X) Change ( ) Addition  
Name: WALL, IRIS PRES  
Address: 16500 SW PALOMINO STREET  
City-St-Zip: INDIANTOWN, FL 34956 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN W. LAWRENCE

SEC

03/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date