

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557173

FILED
Apr 26, 2005
Secretary of State

Entity Name: MILLS & NEBRASKA LUMBER CO.

Current Principal Place of Business:

1602 NORTH MILLS AVENUE
P.O. BOX 6548
ORLANDO, FL 328031850

New Principal Place of Business:

Current Mailing Address:

1602 NORTH MILLS AVENUE
P.O. BOX 6548
ORLANDO, FL 328536548

New Mailing Address:

FEI Number: 59-1794382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCEWAN II, JOHN S.
108 E CENTRAL AVE.
ORLANDO, FL 32801 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: PD () Delete
Name: PULSIFER, THOMAS S.,
Address: 2721 REGENT STREET
City-St-Zip: ORLANDO, FL 32804

Title: VSD () Delete
Name: PULSIFER, BRIDGET A.,
Address: 1602 N. MILLS AVE.
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: PULSIFER, SUSAN T
Address: 1602 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS S PULSIFER

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date