2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557173

PULSIFER, SUSAN T

ORLANDO, FL 32803

1602 N MILLS AVE

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Nan	ne: MILLS	& NEBRASKA L	UMBER CO.					
Current Principal Place of Business:				New Pr	New Principal Place of Business:			
1602 NORTH MILLS AVENUE ORLANDO, FL 328031850					2721 REGENT ST ORLANDO, FL 32804			
Current Mailing Address:				New Ma	New Mailing Address:			
P.O. BOX 5 ORLANDO		36548						
FEI Number:	59-1794382	FEI Number	Applied For()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name a	Name and Address of New Registered Agent:			
MCEWAN 108 E CEN ORLANDO	ŤRAL AVE							
The above in the State			tatement for the pu	irpose of changir	ıg its registe	red office or registered agent, or bo	th,	
SIGNATUR							_	
	Elec	ronic Signature o	of Registered Ager	nt		Date		
Election Carr	npaign Finan	cing Trust Fund Co	ontribution ().					
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete THOMAS S., :NT STREET FL 32804		Title: Name: Address: City-St-Zi	p:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VSD PULSIFER, 1602 N. MII ORLANDO,			Title: Name: Address: City-St-Zi	2721 RE	(X) Change()Addition R, BRIDGET A., GENT ST D, FL 32804		
Title [.]	TD	() Delete		Title [.]	TD	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

PULSIFER, SUSAN T

ORLANDO, FL 32804

2721 REGENT ST

SIGNATURE: THOMAS PULSIFER PD 04/27/2007