

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90052 034 ***150.00

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DOCUMENT # 608214 1. Entity Name NATIONAL LUMBER BROKERS, INC.																													
Principal Place of Business 1710 SW 87TH PL PO BOX 4004 OCALA, FL 34476 US			Mailing Address 1710 SW 87TH PL PO BOX 4004 OCALA, FL 34476 US																										
2. Principal Place of Business SAME		3. Mailing Address SAME																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		02272005 Chg-P CR2E034 (10/03)																									
Zip		Country		4. FEI Number 59-1951506																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SOULES, GAIL B. 1710 SW 87TH PLACE OCALA, FL 34476				7. Name and Address of New Registered Agent Name WILLIAM SOULES Street Address (P.O. Box Number is Not Acceptable) 1710 SW 87TH PL City OCALA FL Zip Code 34476																									
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: DATE: 2-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: DATE: 2-27-05 352-237-7555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													