2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2008 08:00 Al Secretary of State **DOCUMENT #622046** 1. Entity Name ROSS-AMERICAN HARDWOODS, INC. Principal Place of Business Mailing Address 7 EAST LINCOLN AVENUE 7 EAST LINCOLN AVENUE LAKE WALES, FL 33853 LAKE WALES, FL 33859 US No Chg-P CR2E034 (11/05) 04152008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1916591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BARNHART, E. W. DO NOT WRITE 7 EAST LINCOLN AVENUE LAKE WALES, FL 33853 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent tegniture required when reinstiting) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees <u> U00000aaa457</u> 10. OFFICERS AND DIRECTORS 05/02/08=80023+006-150:00 TITLE PST NAME BARNHART, E. WM. **48 COYER ROAD** STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

ATTRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-88 863-678-832

FILED