


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90196 005 \*\*\*150.00

**DOCUMENT # F00000001523**

1. Entity Name  
**DUDLEY SAWMILL CORPORATION**



Principal Place of Business  
**3823 OWENS ROAD  
 YULEE, FL 32097**

Mailing Address  
**3823 OWENS ROAD  
 YULEE, FL 32097**

2. Principal Place of Business  
**581705 White Oak Road**

3. Mailing Address  
**581705 White Oak Road**

Suite, Apt. #, etc.

City & State  
**Yulee, FL**


City & State  
**Yulee, FL**

Zip  
**32097**

Country  
**USA**

Zip  
**32097**

Country  
**USA**



01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-4040455**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, WILLIAM H  
 WHITE OAK PLANTATION  
 3823 OWENS ROAD  
 YULEE, FL 32097**

7. Name and Address of New Registered Agent

Name  
**Davis, William H**

Street Address (P.O. Box Number is Not Acceptable)  
**581705 White Oak Road**

City  
**Yulee**

FL Zip Code  
**32097**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BERGREEN, BERNARD D 111 WEST 50TH STREET NEW YORK, NY 1020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, WILLIAM H 1000 OSBORNE STREET ST. MARYS, GA 31558 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOODY, NATALIE P 111 WEST 50TH STREET NEW YORK, NY 1020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROPPER, STEPHEN W 111 WEST 50TH STREET NEW YORK, NY 1020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRETT, VICTOR 1000 OSBORNE STREET ST. MARYS, GA 31558 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Davis, William H 581705 White Oak Road Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Garrett, Victor 581705 White Oak Road Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lynn Keene* **LYNN KEENE** 4-21-04 904-548-1033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #