2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90035 025 ***150.00

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1. Entity Name
FOREST PRODUCTS COOPERATIVE, INC.

Principal Place of Business	Mailing Address
200 S. LAMAR ST., SUITE 500 JACKSON MS 39201	10037 SCARLETT CT BROOKSVILLE FL 34613

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 64-0866249 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE FL 34613	Name Street Address (P.O. Box Number is Not Acceptable) – City **FL** Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NORRIS, THOMAS F 2368-2 INTERSTATE RD RICEBORO GA 31323	☑ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIEBERS, MICHAEL A 419 MAIN ST OREGONE CITY OR 97045	☐ Delete	☑ Change ☐ Addition	PD SIEBERS, Michael A 419 Main St Oregon City, Ore 97045
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KULIGA, KEVIN J 13101 S. PULASKI RD ALSIP IL 60658	☑ Delete	☐ Change ☐ Addition	VD KULIGA, Kevin 13101 S. Pulaski RD Alsip, IL 60658
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE FL 34613	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILES, MICHAEL A P.O. BOX 339 AMHERST VA 24521	☑ Delete	☐ Change ☑ Addition	STD H.W. TUCKER 28220 Highway 80 W. Demopolis, ALA 36732
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAHN, THOMAS 1895 PHOENIX BLVD., SUITE 400 ATLANTA GA 30349	☑ Delete	☐ Change ☐ 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: Thomas J Wilson VP&GM 2/2/04 352/597-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #