

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90080 029 ***150.00

DOCUMENT # F02000005684	
1. Entity Name FOREST PRODUCTS COOPERATIVE, INC.	

Principal Place of Business 200 S. LAMAR ST., SUITE 500 JACKSON, MS 39201	Mailing Address 10037 SCARLETT CT BROOKSVILLE, FL 34613
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01192005 Chg-P CR2E034 (10/03)

4. FCI Number 64-0866249	Applied For ☐ Not Applied For
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE, FL 34613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City FL Zip Code
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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 qualifications of registered agent.

SIGNATURE _____
Signed by: _____ Date: _____
Signed by: _____ Date: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SIEBERS, MICHAEL A 419 MAIN ST OREGONE CITY, OR 97045 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD Mike Giles P.O. Box 339 Amherst, VA 24521 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KULIGA, KEVIN J 13101 S. PULASKI RD ALSIP, IL 60658 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VD Sam Johnson 28270 Highway 80 Demopolis AL 36732 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE, FL 34613 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD TUCKER, H W 28220 HIGHWAY 80 W DEMOPOLIS, AL 36732 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	STD Christer Henriksson 702 AFR Drive Fairmont, WV 26554 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	 ☐ 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)(f), 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 a "other" like empowered.

SIGNATURE: Thomas J. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR