

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90007 026 ***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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

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	
WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE FL 34613	
7. Name and Address of New Registered Agent	
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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting) **DATE** _____

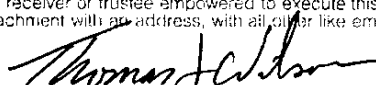
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME LOWE, GEORGE		NAME	
STREET ADDRESS 2205 MT. VERNON AVE.		STREET ADDRESS	
CITY-ST-ZIP POMONA CA 91679		CITY-ST-ZIP	
TITLE V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WILSON, THOMAS J		NAME	
STREET ADDRESS 10037 SCARLETT CT		STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE FL 34613		CITY-ST-ZIP	
TITLE PD	☒ Delete	TITLE	☐ Change ☒ Addition
NAME OLSON, RICHARD		NAME Tom Garland	
STREET ADDRESS 702 AFR DRIVE		STREET ADDRESS Po. Box 4098	
CITY-ST-ZIP FAIRMONT WV 26554		CITY-ST-ZIP Norcross, GA 30091	
TITLE V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME RAWLINGS, MARK		NAME	
STREET ADDRESS 245 PEACHTREE CENTER AVE. NE		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30303		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Wilson 2/26/08 352-597-7726

Date

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