## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F0400000723 1. Entity Name

 Entity Name CENTURY FOREST PRODUCTS, INC.

Principal Place of Business

134 ELON ROAD MADISON HEIGHTS, VA 24572

FILED
Jul 10, 2006 08:00 AN
Secretary of State

Mailing Address

P.O. BOX 11888

LYNCHBURG, VA 24506-1888



DO	NOT	WRITE	IN	THIS	SPACE	-
	1101	****			UI AUL	_

07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0326317

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered	d office or registered agent, or both, in the State of Florida. I am familiar with, and according	ept
the obligations of registered agent.	\.   1 6 m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m/m	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE. Registered Agent algorithms required when reinstating)

- U00000568903 <u>/11/06-90003-021-15</u>0

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Trust Fund Contribution. Due by September 6, 2006 10. OFFICERS AND DIRECTORS CDP TITLE RAMSEY, GEORGE P III NAME STREET ADDRESS 134 ELON ROAD CITY-ST-ZIP MADISON HEIGHTS, VA 24572 TITLE RAMSEY, J. ED NAME STREET ADORESS 134 ELON ROAD CITY-ST-ZIP MADISON HEIGHTS, VA 24572 ппе ANDREWS, GLEN NAME STREET ADDRESS 7600A BOEING DRIVE CITY-ST-7IP **GREENSBORO, NC 274099046** STD TITLE NAME RAMSEY, WILLIAM T STREET ADDRESS 134 ELON ROAD MADISON HEIGHTS, VA 24572 CITY-ST-ZIP NAME BRADLEY, L.M. STREET ADDRESS 2543 MONACO TERRACE CITY+ST+ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 trustate impowered 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 an other like empowered.

SIGNATURE:

SIGNATURE AND THED OR PROTED NAME OF SIGNING OFFICER OR DIRECT

7-3-06

424,925-7443

Date

Daytime Phone #