## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004802

FILED Jan 15, 2008 Secretary of State

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Entity Na	me: TIMBER	PRODUCTS ENGINERING, I	NC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	MAN ROAD S, GA 30012					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX CONYERS	185 S, GA 30012					
FEI Number	: 58-1763635	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
	LIAM MARK TREE ROAD L 32347 US	5				
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( ) WILLIAMS, RO 4496B WALL T MADISON, AL	RIANA	Title: Name: Address: City-St-Zip:	WILLIAMS, F 1641 SIGMA		
Title: Name: Address: City-St-Zip:	EDWARDS, PA	STON LAKES RIDGE	Title: Name: Address: City-St-Zip:	EDWARDS, I 8735 CARRII	(X) Change ( ) Addition PATRICK C NGTON LAKES RIDGE E, AL 35173 US	
Title: Name: Address: City-St-Zip:	SD ( RESPASS, JAN 4539 TILLMAN VALDOSTA, GA	BLUFF ROAD	Title: Name: Address: City-St-Zip:	RESPESS, J 1641 SIGMA		
Title: Name: Address:	T ( ) CHRISTIAN, TE 20 HARIAN CO		Title: Name: Address:	T THOMSON, T 1641 SIGMA		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TODD P. GREER D 01/15/2008

COVINGTON, GA 30014

802 SILVERBELL COURT

STOCKBRIDGE, GA 30281

GREER, TODD P

( ) Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CONYERS, GA 30012 US

CONYERS, GA 30012 US

GREER, TODD P

1641 SIGMAN ROAD

(X) Change ( ) Addition