## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 08:00 A Secretary of State

	ANNUAL	REPORT	, ·	•		Secret	ary of S
l	MENT # F070000015					· ·	
Entity Name     WELLBORN FOREST PRODUCTS, INC.							
Principal Plac	ce of Business	Mailing Address					
		2212 AIRPORT BLVD ALEXANDER CITY, AL 35010					
	, , ,	,,,		1.9880188 1111 1	1316) (30) (32) (43) (43) (42) (42)	881)) 88181 W881 W	164   166 16      188
				03042008	No Chg-P	CR2E034 (1	11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For
			· ;	20-5872			Not Applicable
				5. Certificate of	of Status Desired		<b>75</b> Additional Required
	6. Name and Address of Current Re	gistered Agent				MATON JA	
C T CORPORATION SYSTEM				DO	NOT W	RITE	
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						"	
			,	in i	HIS SP	ACE	
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or registe	red agent, or both	i, in the State of Floi	ida I am famili	ar with, and accept
SIGNATURE.							
	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registere	d Agent signature require	d when reinstating)		DATE	
FILE NOW!!!_FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees	UOOOOO	0828189	
10.	OFFICERS AND DII	RECTORS	52 - 1		_03/26/08-	-80024::0	0 <del>9 150.00</del>
TITLE	P WELLBORN, TIMOTHY						
NAME STREET ADDRESS	2212 AIRPORT BLVD						
CITY-ST-ZIP	ALEXANDER CITY, AL 35010		,	•.			
TITLE NAME	HAYS, STEVEN		,				* · · · ·
STREET ADDRESS CITY-ST-ZIP	2212 AIRPORT BLVD ALEXANDER CITY, AL 35010						
TITLE	ALLXANDER OFFT, AL 33070						
NAME CTREET ADDRESS							
STREET ADORESS CITY-ST-ZIP				DO	NOT W	RITE	m. Whiteham in
TITLE			1	IN T	HIS SP	ACE	
NAME STREET ADDRESS			1. 4	,		· · · .	
CITY-ST-ZIP				g aggara			
TITLE NAME							
STREET ADDRESS							

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 supplied entail 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 trustenempowered 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 vitor an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STEVEN HAYS, CFO

3/3/08

(256) 215-3336

Daytm<del>e</del>