


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**


04-28-2005 90215 003 \*\*\*150.00

<b>DOCUMENT # H46540</b> 1. Entity Name <b>PALM BEACH LUMBER &amp; EXPORT COMPANY</b>	
---------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>3695 INTERSTATE PKWY BAY #6 RIVIERA BEACH, FL 33404 US</b>	Mailing Address <b>3695 INTERSTATE PKWY BAY #6 RIVIERA BEACH, FL 33404 US</b>
------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**

11000000



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2507643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**H.P. COLLINS, JR  
17 GRAND BAY CR  
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

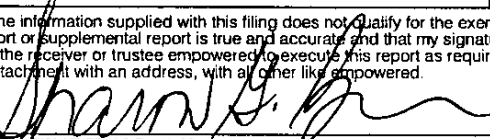
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, MARY R. 17 GRAND BAY CIRCLE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, H P JR 17 GRAND BAY CIRCLE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOWMAN, SHARON G 12563 189TH CT NORTH JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, ROBERTS M 1503 15TH LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:**  **4/26/05** **561 842-6220**

\_\_\_\_\_  
Date Daytime Phone #

**Secretary/Treasurer**