

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # H46540

1. Entity Name
PALM BEACH LUMBER & EXPORT COMPANY



Principal Place of Business
**3695 INTERSTATE PKWY
BAY #6
RIVIERA BEACH, FL 33404 US**

Mailing Address
**3695 INTERSTATE PKWY
BAY #6
RIVIERA BEACH, FL 33404 US**



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2507643

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, ROBERT M
1503 15TH LANE
PALM BEACH GARDENS, FL 33418**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000845147
03/02/07-80073-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COLLINS, MARY R.
RT. 3 BOX 384A
CUTHBERT, GA 39840**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLLINS, H P JR
RT. 3 BOX 384A
CUTHBERT, GA 39840**

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 exemptions contained 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 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

Date

Daytime Phone #

Sharon G Bowman Sec/Treas. 2-21-07 561 842-6220