


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90003 030 ***550.00

DOCUMENT # H61155 1. Entity Name ELIXSON WOOD PRODUCTS, INCORPORATED			
Principal Place of Business % KNNETH ELIXSON RTE 4, BOX 299 STARKE FL 32091		Mailing Address % KNNETH ELIXSON RTE 4, BOX 299 STARKE FL 32091	
2. Principal Place of Business <i>18916 NW 84th Ave</i>		3. Mailing Address <i>18916 NW 84th Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Starke, FL</i>		City & State <i>Starke</i>	
Zip <i>32091</i>		Zip <i>32091</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-2556090		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIXSON, KENNETH ROUTE 4, BOX 299 STARKE FL 32091		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRYANT, JAMES A RT 4 BOX 299 NA STARKE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYANT, KARAN A RT 4 BOX 299 NA STARKE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELIXSON, DELORIS L. RT 4 BOX 299 NA STARKE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELIXSON, KEVIN ROUTE 4 BOX 289 STARKE FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Kenneth Elixson</i>		<i>Kenneth Elixson</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>6-1-04</i>	
Daytime Phone # <i>(904) 964-1609</i>			

J4UJ0J4b



MOORE CR2E034 (11/03)