


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H61155 1. Entity Name ELIXSON WOOD PRODUCTS, INCORPORATED					
Principal Place of Business 18906 NW 84TH AVE 18906 NW 84th Ave STARKE, FL 32091				Mailing Address 18906 NW 84TH AVE 18906 NW 84th Ave STARKE, FL 32091	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELIXSON, KENNETH ROUTE 4, BOX 299 STARKE, FL 32091				Name Elixson, Kenneth Street Address (P.O. Box Number is Not Acceptable) 18906 NW 84th Ave City Starke FL Zip Code 32091	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
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	DT BRYANT, KARAN A RT 4 BOX 299 NA STARKE, FL	<input type="checkbox"/> Delete			
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	DV ELIXSON, KEVIN ROUTE 4 BOX 289 STARKE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060820020 10/20/05--01041--010 **150.00		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition T. Roberts OCT 25 2005		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 information.					
SIGNATURE: <u>Karan Bryant</u> <u>Karan Bryant Treas</u> 10/17/05 (904) 964-1649 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
05 OCT 20 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10142005 REIN-P CR2E098 (6/04)

4. FEI Number
59-2556090
Applied For
☐ Not Applicable

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