2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # H61155

1. Entity Name
ELIXSON WOOD PRODUCTS, INCORPORATED

Principal Place of Business	Mailing Address
18906 NW 84TH AVE STARKE, FL 32091	18906 NW 84TH AVE STARKE, FL 32091

06222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

ELIXSON, KENNETH
ROUTE 4, BOX 299
STARKE, FL 32091

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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 _____ 000000567816
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 06/30/06-80026-017 150.00

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BRYANT, JAMES A
STREET ADDRESS	RT 4 BOX 299 NA
CITY-ST-ZIP	STARKE, FL
TITLE	DT
NAME	BRYANT, KARAN A
STREET ADDRESS	RT 4 BOX 299 NA
CITY-ST-ZIP	STARKE, FL
TITLE	DS
NAME	ELIXSON, DELORIS L.
STREET ADDRESS	RT 4 BOX 299 NA
CITY-ST-ZIP	STARKE, FL
TITLE	DV
NAME	ELIXSON, KEVIN
STREET ADDRESS	ROUTE 4 BOX 299
CITY-ST-ZIP	STARKE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Karan Bryant Secretary 6/26/06 (904)964-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #