


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

03-17-2004 90024 011 ***150.00

DOCUMENT # H63084
 1. Entity Name
NORTH BAY HARDWARE & LUMBER COMPANY



Principal Place of Business Mailing Address
 4690 HWY 20 E 4690 HWY 20 E
 NICEVILLE, FL 32578 US NICEVILLE, FL 32578 US



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2545903** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROWN, TIMOTHY
 4690 HWY 20
 NICEVILLE, FL 32578

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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALLWORTH, JOHN D., JR. ROUTE ONE, BOX 63 MINTER, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STALLWORTH, STEVEN C. ROUTE ONE, BOX 160 PINEAPPLE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM H., JR. BRIDGEPORT ESTATES CAMDEN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 my address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #