

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb-25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H63084**

1. Entity Name  
**NORTH BAY HARDWARE & LUMBER COMPANY**



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

Mailing Address  
**4690 HWY 20 E  
NICEVILLE, FL 32578 US**



01182008 No Chg-P CR2E034 (11/05)

**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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

1000000839622  
03/06/08-80014-015 150.00

**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

**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 #

**2-20-08 897-3737**