


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 Mailing Address

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

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2545903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

1100000839622
 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	

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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: _____ **220-08 897-3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #