2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2005 8:00 am Secretary of State DOCUMENT # H90495 1. Entity Name 02-16-2005 90025 020 ***150.00 WOOD PRODUCTS, INC. Principal Place of Business Mailing Address 118 N.E. ARMOR GLEN LAKE CITY FL 32055 US 21274 33RD RD HIGHWAY 240 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FE! Number 59-2609422 Not Applicable Zip . Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKENZIE, PEGGY RT 27 BOX 25204 LAKE CITY FL 32024 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VTD TITLE ☐ Delete Change ☐ Addition NAME MCKENZIE, PEGGY 136 SW. Wartford Way STREET ADDRESS RT 27 BOX 25204 STREET ADDRESS CITY-ST-7IP LAKE CITY FL 32024 City-S1-7IP TITLE Delete TITLÉ Addition MCKEWŻIE, RANDOLPH S NAME NAME STREET ADDRESS 21274 33RD RD STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-ZIP TITLE ☐ Delete SD TITLE Change Addition NAME MCKENZIE, TINA NAME STREET ADDRESS 21274 33RD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32024 TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empowered.

FILED