## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 05, 2007 08:00 AM DOCUMENT # H90495 Secretary of State 1. Entity Namo WOOD PRODUCTS, INC. Principal Place of Business Mailing Address 118 N.E. ARMOR GLEN 21274 33RD RD HIGHWAY 240 LAKE CITY FL 32024 US LAKE CITY FL 32055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2609422 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKENZIE, PEGGY Street Address (P.O. Box Number is Not Acceptable) 196 SE WILLOW DR LAKE CITY FL 32024 City 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, typod or printed name of registered agent and title it applicable (NOTE: Registered Agant signalure required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election.Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VTD TITLE Delete TIPLE Change Addition MCKENZIE, PEGGY NAME U00000622436 196 SE WILLOW DR STREET ADDRESS STREET ADDRESS 02/13/07-80025-014 150.00 LAKE CITY FL 32025 CiTY-ST-ZIP CITY-ST-ZIP TITLE. Delete HHE Change Addition MCKEWZIE, RANDOLPH S NAME 21274 33RD RD STREET ADDRESS STREET ADDRESS LAKE CITY FL 32024 CITY-ST-7IP CITY-SI-ZIP HHI. Delete HILE Addition MCKENZIE, TINA NAME NAME 21274 33RD RD STREET ADDRESS STREET ADDRESS CITY ST ZIP LAKE CITY FL 32024 CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delete me ☐ Change Addition NAMi' NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Delete TOTLE Change Addition | NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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-entrystoe 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.

Jan 31-07 386-719-2400