

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # J47458	
1. Entity Name GENERAL WOOD PRODUCTS, INC.	

Principal Place of Business % WELLINGTON C. MORTON 10965 N. MAIN STREET JACKSONVILLE, FL 32218	Mailing Address % WELLINGTON C. MORTON 10965 N. MAIN STREET JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

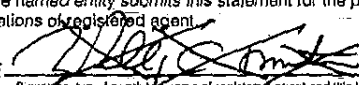
4. FEI Number 59-2762709	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORTON, WELLINGTON C.
10965 N. MAIN STREET
JACKSONVILLE, FL 32218**

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  **4/22/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

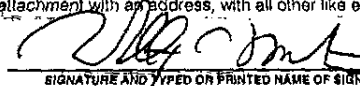
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	UN00000334299 04/27/05-50032-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	MORTON, WELLINGTON C.
NAME	10965 N. MAIN STREET
STREET ADDRESS	JACKSONVILLE, FL 32277
CITY - ST - ZIP	
TITLE ST	JOHN H. FOLCKEMER
NAME	8430 PARMAN DR
STREET ADDRESS	JACKSONVILLE, FL 32222
CITY - ST - ZIP	
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 139.07(3)(f), 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:  **WELLINGTON MORTON** **4/22/05** **(904) 757-8977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #