

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K65457

FILED
Jan 10, 2007
Secretary of State

Entity Name: SUWANNEE LUMBER CO.

Current Principal Place of Business:

US 19 & 351-A/PO BOX 5090
CROSS CITY, FL 32628 US

New Principal Place of Business:

US 19 & 351
CROSS CITY, FL 32628 US

Current Mailing Address:

US 19 & 351-A/PO BOX 5090
CROSS CITY, FL 32628 US

New Mailing Address:

FEI Number: 56-1130215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKERT, DANIEL
U.S. 19 & 351 A
CROSS CITY, FL 32628 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICKERT, DANIEL
Address: US 19 & 351A
City-St-Zip: CROSS CITY, FL

Title: C () Delete
Name: FAIRCLOTH, FRANK B
Address: P O BOX 2025
City-St-Zip: PERRY, FL

Title: SVP () Delete
Name: FOLEY, MICHAEL,
Address: P.O. BOX 1345 (N/A)
City-St-Zip: LARGO, FL

Title: DVP () Delete
Name: FAIRCLOTH, JOHN J.
Address: 402 NORTH HOWARD AVE.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DICKERT, DANIEL
Address: US 19 & 351A
City-St-Zip: CROSS CITY, FL 32628

Title: C (X) Change () Addition
Name: FAIRCLOTH, FRANK B
Address: P O BOX 2025
City-St-Zip: PERRY, FL 32348

Title: SVP (X) Change () Addition
Name: FOLEY, MICHAEL,
Address: 2284 KINGS POINTE DRIVE
City-St-Zip: LARGO, FL 33774

Title: DVP (X) Change () Addition
Name: FAIRCLOTH, JOHN J.
Address: 402 NORTH HOWARD AVE.
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J FAIRCLOTH

DVP

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date