

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # L06802

1. Entity Name
GREAT SOUTHERN WOOD - BUSHNELL, INC.



Principal Place of Business
**1100 HIGHWAY 431 NORTH
ABBEVILLE, AL 36310 US**

Mailing Address
**PO BOX 610
ABBEVILLE, AL 36310-0610 US**



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1009316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RANE, JAMES W SR.
STREET ADDRESS	1100 HIGHWAY 431 NORTH/P.O. BOX 610
CITY-ST-ZIP	ABBEVILLE, AL 36310
TITLE	VPD
NAME	RANE, MICHAEL G
STREET ADDRESS	1100 HIGHWAY 431 NORTH/P.O. BOX 610
CITY-ST-ZIP	ABBEVILLE, AL 36310
TITLE	SD
NAME	RANE, A J
STREET ADDRESS	1100 HIGHWAY 431 NORTH/P.O. BOX 610
CITY-ST-ZIP	ABBEVILLE, AL 36310
TITLE	D
NAME	RANE, ELIZABETH M
STREET ADDRESS	1100 HIGHWAY 431 NORTH/P.O. BOX 610
CITY-ST-ZIP	ABBEVILLE, AL 36310
TITLE	D
NAME	DYE, PATRICK F
STREET ADDRESS	1100 HIGHWAY 431 NORTH/P.O. BOX 610
CITY-ST-ZIP	ABBEVILLE, AL 36310
TITLE	D
NAME	STALLINGS, GENE
STREET ADDRESS	1100 HIGHWAY 431 NORTH/P.O. BOX 610
CITY-ST-ZIP	ABBEVILLE, AL 36310

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Ray 3-20-08 334-585-2291

Date

Daytime Phone #