


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90199 036 ***150.00

DOCUMENT # L83979

1. Entity Name
MID-SOUTH LUMBER CO. OF NORTHWEST FLORIDA, INC.



Principal Place of Business 1065 FLORIDA AVENUE PANAMA CITY, FL 32401	Mailing Address P. O. BOX 1007 PANAMA CITY, FL 32402
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3018982	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



02252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**HARTOG, CURTIS DEAN
 3106 WOOD VALLEY ROAD
 PANAMA CITY, FL 32405**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	HARTOG, CURTIS D	
STREET ADDRESS	3106 WOOD VALLEY RD	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTOG, STEPHANIE A	
STREET ADDRESS	3106 WOOD VALLEY RD	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARTOG, DONALD D	
STREET ADDRESS	2209 4TH AVE S	
CITY-ST-ZIP	MOORHEAD, MN 56560	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	33955 DUSTY TRAIL	
CITY-ST-ZIP	FRAZEE, MN 56544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Curtis Hartog **2/28/08 8502155173**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #