2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P01000013650

Entity Name: SHORELINE CLASSIC WOOD PRODUCTS INC.

Current Principal Place of Business:

2909 ST HWY 20 C
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

2909 ST HWY 20 C
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 59-3695321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAISON, LAMAR H SR
2909 ST HWY 80 E
FREEPORT, FL 32439

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: P ( ) Delete
Name: FAISON, LAMAR H SR
Address: 2909 STATE HWY 20C
City-St-Zip: FREEPORT, FL 32439

Title: VP ( ) Delete
Name: LA PLANTE, JON
Address: PO BOX 611127
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: VP ( ) Delete
Name: CORTNEY, WILLIAM D
Address: 4490 HWY 79 N
City-St-Zip: VERNON, FL 32462

Title: VP ( ) Delete
Name: BRANNON, BERT
Address: 4754 CO HWY 192
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAMAR H. FAISON, SR P 05/01/2004

Electronic Signature of Signing Officer or Director — Date