


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90006 004 \*\*\*158.75

<b>DOCUMENT # P01000053939</b>		
1. Entity Name <b>TIE HACKER'S SAWMILL &amp; LUMBER, INC.</b>		
Principal Place of Business <b>415 W HARRISON AVE ORANGE CITY FL 32763</b>		Mailing Address <b>415 W HARRISON AVE ORANGE CITY FL 32763</b>
2. Principal Place of Business <b>#115 120 VOLUSIAN FOREST TRAIL</b>	3. Mailing Address <b>120 VOLUSIAN FOREST TRAIL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>PIERSON, FL</b>		City & State <b>PIERSON, FL</b>
Zip <b>32180</b>	Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



MOORE CR2E034 (4/04)

4. FEI Number <b>30-0075282</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WILSON, JERRY R 415 W HARRISON AVE 120 Volusian Forest Trail ORANGE CITY FL 32763 Pierson, FL 32180</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, JERRY R		NAME WILSON, JERRY R	
STREET ADDRESS 415 W HARRISON AVE		STREET ADDRESS 120 VOLUSIAN FOREST TRAIL	
CITY-ST-ZIP ORANGE CITY FL 32763		CITY-ST-ZIP PIERSON, FL 32180	
TITLE D	<input type="checkbox"/> Delete	TITLE D	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, CAROLYN S		NAME WILSON, CAROLYN S	
STREET ADDRESS 415 W HARRISON AVE		STREET ADDRESS 120 VOLUSIAN FOREST TRAIL	
CITY-ST-ZIP ORANGE CITY FL 32763		CITY-ST-ZIP PIERSON, FL 32180	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Carolyn S. Wilson *Carolyn S. Wilson* August 16, 2004 386 775-2227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #