2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01399

1. Entity Name
INLAND PLYWOOD FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 420007	P.O. BOX 420007
PONTIAC, MI 48342	PONTIAC, MI 48342

DO NOT WRITE IN THIS SPACE

01232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
38-2494136	Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2006 Fee will be $550.00

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

U00000481124
04/11/06-80017-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MACEACHERN, STEPHEN
STREET ADDRESS	375 CASS AVENUE
CITY-ST-ZIP	PONTIAC, MI
TITLE	S
NAME	MACEACHERN, STEPHEN A.
STREET ADDRESS	375 CASS AVENUE
CITY-ST-ZIP	PONTIAC, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Stephen A. MacEachern_   Stephen A. MacEachern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Secretary   Date   03/23/06   Daytime Phone #