

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01399

FILED
Apr 20, 2009
Secretary of State

Entity Name: INLAND PLYWOOD FLORIDA, INC.

Current Principal Place of Business:

375 N CASS
PONTIAC, MI 48342

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420007
PONTIAC, MI 48342

New Mailing Address:

FEI Number: 38-2494136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: PTD () Delete
Name: MACEACHERN, STEPHEN
Address: 375 CASS AVENUE
City-St-Zip: PONTIAC, MI

Title: S () Delete
Name: MACEACHERN, STEPHEN A.
Address: 375 CASS AVENUE
City-St-Zip: PONTIAC, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MACEACHERN, STEPHEN
Address: 375 CASS AVENUE
City-St-Zip: PONTIAC, MI 48342

Title: S (X) Change () Addition
Name: MACEACHERN, STEPHEN A.
Address: 375 CASS AVENUE
City-St-Zip: PONTIAC, MI 48342

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN A. MACEACHERN

S

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date