

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90020 021 \*\*\*150.00

**DOCUMENT #:** P02000018758

1. Entity Name

**INTERSTATE WHOLESALE LUMBER EXCHANGE, INC.**



Principal Place of Business

2607 GREYTWIG LANE  
FT PIERCE FL 34981

Mailing Address

297 NELMS RD  
FAYETTEVILLE GA 30215

2. Principal Place of Business

297 Nelms Rd  
Suite, Apt. #, etc.  
Fayetteville Georgia  
City & State

3. Mailing Address

Suite, Apt. #, etc.  
City & State

Zip  
30215

Country  
USA

Zip

Country

4. FEI Number  
03-0402718

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CHILDRESS, RONALD C  
2607 GREY TWIG LANE  
FT PIERCE FL 34981

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2607 Grey Twig Lane  
City Ft. Pierce Fla. Zip Code 34981

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 Ronald C. Childress Pres

Ronald C. Childress

3-24-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHILDRESS, RONALD C  
STREET ADDRESS 297 NELMS RD  
CITY-ST-ZIP FAYETTEVILLE GA 30215 ☐ Delete

TITLE S  
NAME CHILDRESS, BRIAN K  
STREET ADDRESS 220 OLD PLANTATION WAY  
CITY-ST-ZIP FAYETTEVILLE GA 30215 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Ronald C. Childress Ronald C. Childress 3-24-04 770-632-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #