

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000033231

1. Entity Name
LANCEFORD CREEK FOREST PRODUCTS, INC.



Principal Place of Business
**96113 HEATH POINT W
FERNANDINA BEACH, FL 32034**

Mailing Address
**96113 HEATH POINT W
FERNANDINA BEACH, FL 32034**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0656839

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVIS, JOHN B
96113 HEATH POINT LN
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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 replacing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000073973
03/10/04-80022-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, JOHN B JR.
96113 HEATH POINT LN
FERNANDINA BEACH, FL 32034**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: Judith E. Davis Judith E. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 904 2615150

DATE DAYTIME PHONE #