2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 08:00 AM Secretary of State DOCUMENT # P02000087253 ENGINEERED TIMBER SALES, INC. Principal Place of Business Mailing Address 3016 GRAHAM LANE 3016 GRAHAM LANE TAMPA, FL 33618 **TAMPA, FL 33618** 04052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 45-0494514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUGH, JANE N DO NOT WRITE 3016 GRAHAM LANE TAMPA, FL 33618 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE PUGH, JOHN B NAME U00000109544 STREET ADDRESS 3016 GRAHAM LN. 04/12/04-80047-019 150.00 CITY-ST-78P TAMPA, FL 33618 ST TITLE NAME PUGH, JANE N STREET ADDRESS 3016 GRAHM LN. CTTY - ST - ZIP TAMPA, FL 33618 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS City-St-ZiP TIBE

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.

Jane N. Pugh

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CRTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2004

813/935-0549

FILED