APR-24-2004(SHI) 21:01 DILL

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90456 015 ***150.00

DOCUMENT # P03000001209

1. Entity Name
CORDWIN CUSTOM SAWMILLS, INC.

Principal Place of Business	Mailing Address
7900 W. HIGHWAY 316 FAIRFIELD, FL 32634 US	7900 W. HIGHWAY 316 FAIRFIELD, FL 32634 US

2. Principal Place of Business	3. Mailing Address
	P.O. Box 691
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Fairfield Fl.
Zip / Country	Zip: 32634 Country: US

04232004 Chg-P CR2E034 (10/03)

4. FEI Number: 56-2312853 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHANAN, ROBERT B
307 NORTHWEST THIRD STREET
OCALA, FL 34475

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PTD NAME: CHAD M. CORDWIN STREET ADDRESS: P.O. BOX 7900 W HWY 316 CITY-ST-ZIP: FAIRFIELD Fl 32634	☐ Change ☑ Addition
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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: Chad Cordwin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-29-04 (DATE) — Pres (Title)