

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 037 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000001209

1. Entity Name
CORDWIN CUSTOM SAWMILLS, INC.



60022682

Principal Place of Business
**7900 W. HIGHWAY 316
FAIRFIELD, FL 32534 US**

Mailing Address
**P.O. BOX 691
FAIRFIELD, FL 32634 US**



02222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number:

56-2312853

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 fee if applicable.

(NOTE: Registered Agent signature is required when terminating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
CORWIN, CHAD M
P.O. BOX 7900 W HWY 316
FAIRFIELD, FL 32634**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Cordwin, Chad M.
P.O. Box 691 (7900 W. Hwy 316)
Fairfield, FL 32634**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 637, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICIAL PHONE #