

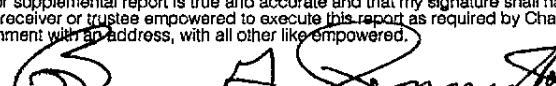


FILED
Jan 25, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000001382		
1. Entity Name PORTLAND LUMBER YARD, INC.		
Principal Place of Business 2307 TRANSMITTER RD. PANAMA CITY, FL 32404		Mailing Address P.O. BOX 35326 PANAMA CITY, FL 32412
DO NOT WRITE IN THIS SPACE		
		
01212005 No Chg-P CR2E034 (10/03)		
4. FEI Number 37-1454887		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PENNINGTON, BRUCE G 2307 TRANSMITTER RD. PANAMA CITY, FL 32404		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	PENNINGTON, BRUCE G	
STREET ADDRESS	1205 HUNTINGTON RIDGE RD	
CITY - ST - ZIP	LYNN HAVEN, FL 32444	
TITLE	V	
NAME	HABERMEL, GINA	
STREET ADDRESS	212 MARY ELLEN DR	
CITY - ST - ZIP	MUSCLE SHOALS, AL 35661	
TITLE	V	
NAME	PENNINTON, APRIL M	
STREET ADDRESS	2510 PETTY DR	
CITY - ST - ZIP	LYNN HAVEN, FL 32444	
TITLE	TS	
NAME	PENNINGTON, NANCY C	
STREET ADDRESS	1205 HUNTINGTIN RIDGE RD	
CITY - ST - ZIP	LYNN HAVEN, FL 32444	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		1-24-05 850-747-1131