

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90264 008 \*\*\*150.00

**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**

**50000369**



01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**37-1454887**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENNINGTON, BRUCE G  
2307 TRANSMITTER RD.  
PANAMA CITY, FL 32404**

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, 2007 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

**P  
PENNINGTON, BRUCE G  
1205 HUNTINGTON RIDGE RD  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**V  
HABERMEL, GINA  
212 MARY ELLEN DR  
MUSCLE SHOALS, AL 35661**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**V  
PENNINGTON, APRIL M  
2510 PETTY DR  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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**TS  
PENNINGTON, NANCY C  
1205 HUNTINGTON RIDGE RD  
LYNN HAVEN, FL 32444**

TITLE  
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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 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: *Nancy C. Pennington* Nancy C. Pennington**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-07**

Date

**850-747-1131**

Daytime Phone #