

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

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**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1454887

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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	133 WHITE OAK BLVD
CITY-ST-ZIP	SOUTH PORT, FL 32409
TITLE	V
NAME	PARBERRY, APRIL
STREET ADDRESS	20 LAUREL HILL TERRACE SUITE 2A
CITY-ST-ZIP	NEW YORK, NY 10033
TITLE	TS
NAME	PENNINGTON, NANCY C
STREET ADDRESS	1205 HUNTINGTON RIDGE RD
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C Pennington

2-6-08
Date

850-747-1131
Daytime Phone #