



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P14094</b> 1. Entity Name <b>BANKS LUMBER CO., INC.</b>		
Principal Place of Business <b>105 DIXIE HWY. PO BOX 2009 AUBURNDALE, FL 33823</b>	Mailing Address <b>105 DIXIE HWY. PO BOX 2009 AUBURNDALE, FL 33823</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		01122004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>35-0994133</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HUGHES, JOHN 426 NORTH MAIN STREET ELKHART, IN 46516</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>BANKS, WILLIAM 426 NORTH MAIN STREET ELKHART, IN 46516</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>BANKS, JOHN 426 NORTH MAIN STREET ELKHART, IN 46516</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BROWN, STEPHEN 426 NORTH MAIN STREET ELKHART, IN 46516</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WYNNE, CHRISTOPHER 426 NORTH MAIN STREET ELKHART, IN 46516</b>	
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.		
<b>SIGNATURE:</b> <i>Christopher Wynne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/15/2004</b> (574) 389-5400