

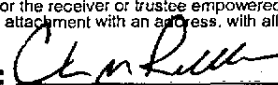


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P16433 1. Entity Name W.M. CRAMER LUMBER CO.			
Principal Place of Business TEXS FISH CAMP RD. P.O. BOX 2888 HICKORY, NC 28603-2888		Mailing Address TEXS FISH CAMP RD. P.O. BOX 2888 HICKORY, NC 28603-2888	
DO NOT WRITE IN THIS SPACE			
			
		01032005 No Chg-P CR2E034 (10/03)	
4. FEI Number 56-1020184		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOUT, TOM 110 TECH DRIVE SANFORD, FL 32772		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		U000000179211 01/13/05 000000-007-158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAMER, WENDELL M 3515 FALLING CREEK RD HICKORY, NC	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RENDELMAN, CHRIS M 1961 12TH ST NE HICKORY, NC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMER, JUDITH 3515 FALLING CREEK RD HICKORY, NC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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)(f), 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:  Chris M. Rendleman		1/11/05 (828) 397-7481	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	