


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P16433 |  |
| 1. Entity Name W.M. CRAMER LUMBER CO. | |

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|--|--|
| 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



01092006 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 56-1020184 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CRAMER, WENDELL M 3515 FALLING CREEK RD HICKORY, NC |
| 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 | |

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01/17/06-80039-013 158.75

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendell M Cramer Wendell M. Cramer 1/9/06 (828) 397-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #