


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 022 ***158.75

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
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DO NOT WRITE IN THIS SPACE

400003100



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1020184	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RENDELMAN, CHRIS 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 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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: Chris M. Rendleman 1/5/08 (828) 397-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #