


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90332 045 \*\*\*150.00

<b>DOCUMENT # P96000025351</b>		
1. Entity Name <b>LUMBER DEALERS, INC.</b>		

Principal Place of Business <b>HWY 100 EAST LAKE CITY, FL 32024 US</b>	Mailing Address <b>PO BOX 1360 LAKE CITY, FL 32056 US</b>
---	--

00000000



2. Principal Place of Business <b>635 SE St. Rd 100</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 1360</b> Suite, Apt. #, etc.
---	---

04152005 Chg-P CR2E034 (10/03)

City & State <b>Lake City FL</b>	City & State <b>Lake City FL</b>
Zip <b>32025</b>	Zip <b>32056</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-3369879</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>SIBBERNSEN, PAT RT 12 BOX 4-H LAKE CITY, FL 32025</b>	
---	--

7. Name and Address of New Registered Agent Name <b>Sibbernson, Pat</b> Street Address (P.O. Box Number is Not Acceptable) <b>370 SW Ridgeview Pl</b> City <b>Lake City</b> <b>FL</b> Zip Code <b>32024</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 <b>Patrick B. Sibbernson</b> President <b>PATRICK B. SIBBERNSEN</b> 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE</small>	
--	--

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBBERNSEN, PAT RT 12 BOX 9-D LAKE CITY, FL 32025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, KIM 2109 WESLEY CHAPEL RD PAVO, GA 31778 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZEIGLER, GENE P.O. BOX 1360 LAKE CITY, FL 32056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pat Sibbernson 370 SW Ridgeview Place Lake City FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
---	--

SIGNATURE: <b>Patrick B. Sibbernson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/15/05</b> <small>Date</small>	Daytime Phone # <b>(386) 7550205</b> <small>Daytime Phone #</small>
--	--	--

Patrick B. Sibbernson