## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2006 08:00 AM Secretary of State

DOCUMENT # P9700001748  1. Entity Name PEDDY LUMBER COMPANY
Principal Place of Business Mailing

no Address

5925 IMPERIAL PARKWAY SUITE 124 MULBERRY, FL 33860

P.O. BOX 6779 LAKELAND, FL 33807-6779

. (Bellen til lette tent	CENT CENT BEN	# #### (C BENEF 118)	 (B(1841 1) 1941

## DO NOT WRITE IN THIS SPACE

02232008 No Chg-F CR2E034 (11/05)

4. FEI Number 59-3420220

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PEDDY, ALBRY J 5071 NORRISWOOD MULBERRY, FL 33860

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, lyped or printed name of registered agent and life in	Sponicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	-100000457649 03/17/06-80013-016 150.00		
10.	OFFICERS AND DIRECT	TORS			· · · · · · · · · · · · · · · · · · ·	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDDY, ALBRY J 5071 NORRISWOOD MULBERRY, FL 33860						
THRE NAME STREET ADDRESS CITY-ST-ZIP	VP PEDDY, DAVID 2424 CAMBRIDGE AVENUE LAKELAND, FL 33803		DO NOT WRITE				
name Street address City-SI-ZIP	ST PEDDY, UNIS H 5071 NORRISWOOD MULBERRY, FL 33860						
THTLE NAME STREET AODRESS CATY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADORESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
CA THE COLL	erify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an addiess, with all	I LO EXECUIA INIS LEDONI AS LACITUR	nptions con ire shall haved by Chapt	tained in Chapter 119 e the same legal effer er 607, Florida Statute	<ol> <li>Florida Statutes. I further certify that the information of as if made under cath; that I am an officer of director as; and that my name appears in Block 10 or Block 11</li> </ol>	,	

AME OF SIGNING OFFICER OR DIRECTOR

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