

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013387

FILED
Mar 24, 2009
Secretary of State

Entity Name: PALM BEACH WOOD PRODUCTS, INC.

Current Principal Place of Business:

20125 SR 80
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0822644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANDENBURG, GARY M
222 LAKEVIEW AVENUE
SUITE 1400
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: RIONDA, HENRY
Address: P.O. BOX 264
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: PHILLIPS, W.T. JR.
Address: 6921 WILBANKS ROAD
City-St-Zip: KNOXVILLE, FL 37913

Title: DP () Delete
Name: TOMEU, ENRIQUE A
Address: PO BOX 700
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: KLEIN, MICHAEL
Address: P O BOX 626
City-St-Zip: CORTE MADRA, CA 94976

Title: D () Delete
Name: WHITSON, LESA
Address: 6621 WILLBANKS RD
City-St-Zip: KNOXVILLE, TN 37913

Title: S () Delete
Name: MCMULLEN, PATRICK J
Address: 6621 WILLBANKS ROAD
City-St-Zip: KNOXVILLE, TN 37913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM M. MILAZZO

CONT

03/24/2009

Electronic Signature of Signing Officer or Director

Date