## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 22, 2004 08:00 AM Secretary of State **DOCUMENT # P98000073004** INTERNATIONAL LOGGING COMPANY Mailing Address Principal Place of Business 3833 PARKSIDE DR 3833 PARKSIDE DR VALRICO, FL 33594 US VALRICO, FL 33594 US 04162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3548142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYONS, ROBERT DO NOT WRITE 3833 PARKSIDE DRIVE VALRICO, FL 33594 IN THIS SPACE 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 abent and Life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE U00000124690 NAME LYONS, ROBERT 04/22/04-80055-004 158.75 STREET ADDRESS 3833 PARKSIDE DRIVE CITY-ST-ZIP VALRICO, FL 335945313 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MARGE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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 type 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 whitee 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 without address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP

SCHARGE AND THREE OR PRINTED NAME OF SIGNING OFFICER OR DISSECTOR

UY 813 6545968