

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000058618

1. Entity Name
SOUTHEAST WOOD PRODUCTS, INC.



Principal Place of Business Mailing Address
2610 FAIRFAX STREET P.O. BOX 41604
JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32203



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3583875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, STAN W
2610 FAIRFAY ST
JACKSONVILLE, FL 32209

**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. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME HILL, STAN W
STREET ADDRESS P.O. BOX 41604
CITY-ST-ZIP JACKSONVILLE, FL 322031604

TITLE P
NAME WOLFE, BENJAMIN EDWIN JR
STREET ADDRESS P.O. BOX 41604
CITY-ST-ZIP JACKSONVILLE, FL 322031604

TITLE VP
NAME WEST, DANNY S JR
STREET ADDRESS P.O. BOX 41604
CITY-ST-ZIP JACKSONVILLE, FL 322031604

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

000000789280
01/22/08-80014-022 150.00

**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 life empowered.

SIGNATURE: Stan W. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08 904-358-2507
Date Daytime Phone #

Stan W. Hill