

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S83207

FILED
Mar 02, 2005
Secretary of State

Entity Name: W & W LUMBER OF LAKE PLACID, INC.

Current Principal Place of Business:

16500 SW WARFIELD BLVD
BOX 1
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

16500 SW WARFIELD BLVD
BOX 1
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 65-0286274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALL, IRIS
16500 SW PALOMINO ST
INDIANTOWN, FL 34956 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: TD () Delete
Name: EDWARDS, EVA
Address: 15801 SW PALOMINO ST
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VD () Delete
Name: EDWARDS, CRAIG
Address: 15801 SW PALOMINO
City-St-Zip: INDIANTOWN, FL 34956 US

Title: PD () Delete
Name: WALL, IRIS
Address: 16500 SW PALOMINO
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SD () Delete
Name: LAWRENCE, CAROLYN W
Address: 16200 SW MAPLE AVE
City-St-Zip: INDIANTOWN, FL 34956 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: EDWARDS, EVA TREAS
Address: 15801 SW PALOMINO ST
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VD (X) Change () Addition
Name: EDWARDS, CRAIG VP
Address: 15801 SW PALOMINO
City-St-Zip: INDIANTOWN, FL 34956 US

Title: PD (X) Change () Addition
Name: WALL, IRIS PRES
Address: 16500 SW PALOMINO
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SD (X) Change () Addition
Name: LAWRENCE, CAROLYN W SEC
Address: 16200 SW MAPLE AVE
City-St-Zip: INDIANTOWN, FL 34956 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN W. LAWRENCE

SEC

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date