2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S84910

1. Entity Name

TAMPA BAY HARDWOODS & LUMBER SUPPLY, INC.



Principal Place of Business

Mailing Address

8408 TEMPLE TERRANE HWY TEMPLE TERRACE, FL 33637 US

8408 TEMPLE TERRACE TEMPLE TERRACE, FL 33637

US

FILED May 10, 2006 8:00 am Secretary of State

05-10-2006 90104 004 ***150.00

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4282006	No Chg-P	CR2E034 (11/05)

4. FEI Number Applied For S9-3084674 Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, RICHARD 8408 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its	registered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOT	E: Registered Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D LEE, RICHARD 8408 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSTEAD, DON 8408 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for	or the exemptions cor	ntained in Chapter 11	9, Florida Statutes. I further certify that the information

12. Increby 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 of the eageiver 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 chapter (or on an attachment with an)address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e.

4 28/06

813-987-9663

Daytime Phone #