


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 A
Secretary of State

DOCUMENT # F05000003455
 1. Entity Name
 LUMBER COUNTRY, INC.



Principal Place of Business
 7122 S.E. MILWAUKIE AVENUE
 PORTLAND, OR 97202

Mailing Address
 7122 S.E. MILWAUKIE AVENUE
 PORTLAND, OR 97202

DO NOT WRITE IN THIS SPACE



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number 93-0958454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PAGE, JAMES R 7122 S.E. MILWAUKIE AVENUE PORTLAND, OR 97202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, DENNIS 7122 S.E. MILWAUKIE AVENUE PORTLAND, OR 97202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAGE, KATHLEEN 7122 S.E. MILWAUKIE AVENUE PORTLAND, OR 97202
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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 another like empowered.

SIGNATURE: _____ James R Page
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President
 Date 8/7/06 Daytime Phone 503-228-3802