


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
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
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DO NOT WRITE IN THIS SPACE



04222008 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
After May 1, 2008 Fee will be \$550.00

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

000000929088
 05/21/08-80054-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PAGE, JAMES R 7122 S.E. MILWAUKIE AVENUE PORTLAND, OR 97202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MILLER, DENNIS 7122 S.E. MILWAUKIE AVENUE PORTLAND, OR 97202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PAGE, KATHLEEN 7122 S.E. MILWAUKIE AVENUE PORTLAND, OR 97202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBORAH, DEITZ 7122 SE MILWAUKIE AVE PORTLAND, OR 97202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 like empowers.

SIGNATURE:  **4/22/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #