

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25931

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: PRESTIGE LUMBER & SUPPLIES, INC.

**Current Principal Place of Business:**

1985 SR 419  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1985 SR 419  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-2891579      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROMINGER, STEPHEN L  
1985 SR 419  
LONGWOOD, FL 32750      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: P ( ) Delete  
Name: ROMINGER, STEPHEN L.,  
Address: 1985 STATE ROAD 419  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: SKURA, ROBERT,  
Address: 1985 STATE ROAD 419  
City-St-Zip: LONGWOOD, FL 32750

Title: ST ( ) Delete  
Name: WILSON, CHARLIE ANN,  
Address: 23633 CR 46-A  
City-St-Zip: SORRENTO, FL 32776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLIE ANN WILSON

CST

03/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date