2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74889

Entity Name: EXTERIOR SUPPLY OF JACKSONVILLE, INC.

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

600 KING STREET

JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

2460 HWY 72 221 EAST

GREENWOOD, SC 29649 US

FEI Number: 59-3060403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SLAUGHTER, JIM R EMILY, MICHAEL L PRES 600 KING STREET 109 SOUTHBRIDGE WAY

JACKSONVILLE, FL 32204 US PONTE VEDRA BEACH, FL 32082 US

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: MICHAEL L. EMILY 04/03/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV () Delete Title: DP (X) Change () Addition

Name: EMILY, MICHAEL L
Address: 109 SOUTHBRIDGE WAY
Name: EMILY, MICHAEL L
Address: 109 SOUTHBRIDGE WAY

City-St-Zip: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: ST () Delete Title: DV (X) Change () Addition Name: HENDRICK, MICHELE E Name: HENDRICK, THOMAS N

Address: 504 S. CAMBRIDGE ST. Address: 504 S. CAMBRIDGE ST.
City-St-Zip: NINETY SIX, SC 29666 US City-St-Zip: NINETY SIX, SC 29666 US

 Name:
 HENDRICK, THOMAS N
 Name:
 AKINS, PHILLIP

 Address:
 504 S CAMBRIDGE ST
 Address:
 600 KING STREET

City-St-Zip: NINETY-SIX, SC 29666 US City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DP () Delete Title: ST (X) Change () Addition

Name: SLAUGHTER, JIM R Name: EMILY, KATHRYN N
Address: 501 GREEN ISLE COURT Address: 109 SOUTHBRIDGE WAY

City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: THOMAS N. HENDRICK VP 04/03/2008