

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74889

FILED
Apr 07, 2009
Secretary of State

Entity Name: EXTERIOR SUPPLY OF JACKSONVILLE, INC.

Current Principal Place of Business:

600 KING STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

2460 HWY 72 221 EAST
GREENWOOD, SC 29649 US

New Mailing Address:

FEI Number: 59-3060403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMILY, MICHAEL L PRES
109 SOUTHBRIDGE WAY
PONTE VEDRA BEACH, FL 32082 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: DP () Delete
Name: EMILY, MICHAEL L
Address: 109 SOUTHBRIDGE WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: DV () Delete
Name: HENDRICK, THOMAS N
Address: 504 S. CAMBRIDGE ST.
City-St-Zip: NINETY SIX, SC 29666 US

Title: DV () Delete
Name: AKINS, PHILLIP
Address: 600 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: ST () Delete
Name: EMILY, KATHRYN N
Address: 109 SOUTHBRIDGE WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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:

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: THOMAS N. HENDRICK

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date