

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 142792

FILED
Feb 27, 2008
Secretary of State

Entity Name: OCALA LUMBER SALES COMPANY

Current Principal Place of Business:

377 N.W. 14TH ST.
OCALA, FL 344751384 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1389
OCALA, FL 326781389

New Mailing Address:

P.O. BOX 1389
OCALA, FL 344781389 US

FEI Number: 59-0541504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOXON, HENRY J G
377 NW 14TH ST.
OCALA, FL 32670 US

Name and Address of New Registered Agent:

MOXON, HENRY J G
377 NW 14TH ST.
OCALA, FL 34475 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:

02/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOXON, HENRY J G
Address: 377 NW 14TH ST.
City-St-Zip: OCALA, FL

Title: VSD () Delete
Name: MOXON, MARJORIE L
Address: 377 NW 14TH ST
City-St-Zip: OCALA, FL

Title: TD () Delete
Name: SWEARINGEN, MARJORIE A M
Address: 377 NW 14TH ST
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOXON, HENRY J G
Address: 377 NW 14TH ST.
City-St-Zip: OCALA, FL 34475

Title: VSD (X) Change () Addition
Name: MOXON, MARJORIE L
Address: 377 NW 14TH ST
City-St-Zip: OCALA, FL 34475

Title: TD (X) Change () Addition
Name: SWEARINGEN, MARJORIE A M
Address: 377 NW 14TH ST
City-St-Zip: OCALA, FL 34475

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: HENRY J. G. MOXON

PRES

02/27/2008

Electronic Signature of Signing Officer or Director

Date