



**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90011 025 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 150564</b>					
1. Entity Name RO-MAC LUMBER & SUPPLY, INC.					
Principal Place of Business 700 E. MAIN ST. LEESBURG, FL 34748-5318		Mailing Address 700 E. MAIN ST. LEESBURG, FL 34748-5318		<p><b>40058452</b></p>  <p>01072008 Chg-P CR2E034 (12/06)</p>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-0564454</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBUCK, H. D., JR. 700 E MAIN ST. LEESBURG, FL 32748			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, KAREN A.	NAME			
STREET ADDRESS	700 E. MAIN ST.	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGRUDER, DON	NAME			
STREET ADDRESS	700 E MAIN ST	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBUCK, IRIS H	NAME			
STREET ADDRESS	700 E MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBUCK, H D JR	NAME			
STREET ADDRESS	700 E MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCKER, THERESA A	NAME			
STREET ADDRESS	700 E. MAIN ST.	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBUCK, HORACE D III	NAME			
STREET ADDRESS	700 E MAIN ST	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
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 empowered.					
SIGNATURE: _____			03/31/08		352-314-3177
H. D. ROBUCK, JR., President			Date		Daytime Phone #