2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 154481

Entity Name: THOMAS LUMBER AND SUPPLY CO INC

Current Principal Place of Business:

784 ORANGE AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 993
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-0584666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINS, GAYDEN S III
231 W GORE ST
ORLANDO, FL 32806 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:	STD	( ) Delete
Name:	LONG, LYNN L	
Address:	100 SOUTH EOLA DRIVE #1403	
City-St-Zip:	ORLANDO, FL 32801	
Title:	CEOD	( ) Delete
Name:	WILKINS, GAYDEN S III	
Address:	2459 PADDOCK WAY	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	ARKINS, PAMELA M	
Address:	4509 LAKE GEM CIRCLE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	D	( ) Delete
Name:	THOMAS, A.J. III	
Address:	2024 COUNTRYSIDE CIRCLE N	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	THOMAS, ANDREW B	
Address:	1625 LAKESIDE DR.	
City-St-Zip:	DELAND, FL 32720	
Title:	P	( ) Delete
Name:	JENKINS, DEANNA W	
Address:	46 E. ROSEVEAR STREET	
City-St-Zip:	ORLANDO, FL 32804	

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:	
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: DEANNA W. JENKINS PRES 03/19/2009

Electronic Signature of Signing Officer or Director Date