

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 154482

FILED
Feb 15, 2010
Secretary of State

Entity Name: THOMAS LUMBER COMPANY INC

Current Principal Place of Business:

231 W GORE STREET
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

PO BOX 993
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-0594635

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
Name: LONG, LYNN L
Address: 100 SOUTH EOLA DRIVE #1403
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: ARKINS, PAMELA M
Address: 4509 LAKE GEM CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: CEOD
Name: WILKINS, GAYDEN S III
Address: 10148 COUNTY RD 9690
City-St-Zip: WEST PLAINS, MO 65775

Title: P
Name: JENKINS, DEANNA W
Address: 46 EAST ROSEVEAR ST.
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: THOMAS, ANDREW B
Address: 1625 LAKESIDE DRIVE
City-St-Zip: DELAND, FL 32720

Title: D
Name: THOMAS, A J III
Address: 2024 COUNTRYSIDE CIRCLE N
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: DEANNA W. JENKINS

PRES

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date