2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 300738

Entity Name: BIG PINE BUILDERS SUPPLY INC

Current Principal Place of Business:

30770 OVERSEAS HWY
BIG PINE KEY, FL 33043 US

New Principal Place of Business:

Current Mailing Address:

U S 1, P.O. BOX 512
BIG PINE KEY, FL 33043

New Mailing Address:

P.O. BOX 430512
BIG PINE KEY, FL 33043

FEI Number: 59-1160416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORAN, DAVID PAUL
608 WHITEHEAD STREET
KEY WEST, FL 33040 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: PD ( ) Delete
Name: SCHARCH,JOHN B,
Address: US #1
City-St-Zip: BIG PINE KEY, FL

Title: STD ( ) Delete
Name: SCHARCH, MELANIE, R,
Address: US #1
City-St-Zip: BIG PINE KEY, FL

Title: VD ( ) Delete
Name: SCHARCH, JOHN, B,, J, R
Address: US #1
City-St-Zip: BIG PINE KEY, FL

Title: D ( ) Delete
Name: SCHARCH, MATTHEWS C
Address: 30770 OVERSESAS HWY
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHARCH,JOHN B,
Address: 30770 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 33043

Title: STD (X) Change ( ) Addition
Name: SCHARCH, MELANIE, R,
Address: 30770 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 33043

Title: VD (X) Change ( ) Addition
Name: SCHARCH, JOHN, B,, J, R
Address: 30770 OVERSEAS HWY
City-St-Zip: BIG PINE KEY, FL 33043

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: MELANIE R. SCHARCH MRS 04/21/2008

Electronic Signature of Signing Officer or Director Date