


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 438810
 1. Entity Name
JACK B. THIGPEN LUMBER COMPANY, INC.



Principal Place of Business: **8 MAIN STREET CHATTAHOOCHEE, FL 32324**
 Mailing Address: **PO BOX 185 CHATTAHOOCHEE, FL 32324**

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number: **59-1516822** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THIGPEN, JACK B.
8 MAIN STREET
CHATTAHOOCHEE, FL 32324

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

U00000931153
 05/22/08-80003-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THIGPEN, JACK B.
STREET ADDRESS	8 MAIN ST.
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jack B. Thigpen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 - 208-248-0063
 Date Daytime Phone #