2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01958

Entity Name: NORTH FLORIDA LUMBER, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 7, FLORIDA STATE HWY NO. 2 EAST 1820 HWY 2 EAST C/O C. FINLEY MCRAE C/O C. FINLEY MCRAE GRACEVILLE, FL 32440 GRACEVILLE, FL 32440

Current Mailing Address: New Mailing Address:

P.O. BOX 7, FLORIDA STATE HWY NO. 2 EAST C/O C. FINLEY MCRAE GRACEVILLE, FL 32440

FEI Number: 59-2043575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCRAE, C. FINLEY MCRAE, C. FINLEY FLORIDA STATE HWY NO. 2 EAST 1820 HWY 2 EAST US P.O. BOX 7 GRACEVILLE, FL 32440 GRACEVILLE, FL 32440 US

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: C. FINLEY MCRAE 01/19/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition () Delete Title: MCRAE, C. FINLEY, Name: Name: Address:

FLA STATE HWY NO. 2 Address: GRACEVILLE, FL 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: C. FINLEY MCRAE PD 01/19/2009