2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001181

FILED Jan 09, 2009 Secretary of State

Entity Name: SUPERIOR PINE PRODUCTS COMPANY					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
422 US HV FARGO, G					
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
P.O. BOX 2 FARGO, G					
FEI Number:	58-0452920	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:					
RUFF, FRANK H 101 N. RANGE STREET (P.O. DRAWER 570) MADISON, FL 323410570 US			SUITE 3300	50 N. LAURA STREET	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: HALCYON E. SKINNER, PRESIDENT				01/09/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () STONE, MILES P O BOX 127 FARGO, GA 31		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LAWRENCE, JO	N AVE STE 1620	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COFFIN, PETE 255 WOODLAN		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LAWRENCE, W 6800 MUIRFIEL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MILES A. STONE Ρ 01/09/2009

KNIGHT, JOHN G JR

MONTREAT, NC 28757 US

P O BOX 1201

Name:

Address:

City-St-Zip: