

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J19329

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** GULF COAST LUMBER AND SUPPLY, INC.

**Current Principal Place of Business:**

GULF COAST LUMBER  
9141 WOODVILLE HWY  
WOODVILLE, FL 32362 US

**New Principal Place of Business:**

**Current Mailing Address:**

GULF COAST LUMBER  
P O BOX 597  
WOODVILLE, FL 32362 US

**New Mailing Address:**

**FEI Number:** 59-2311541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, WILLIAM D.  
5831 NATURAL BRIDGE ROAD  
TALLAHASSEE, FL 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEWIS, WILLIAM D.  
Address: 5831 NATURAL BRIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: S  
Name: LEWIS, JULIA R.  
Address: 5831 NATURAL BRIDGE RD  
City-St-Zip: TALLAHASSEE, FL

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: WILLIAM D. LEWIS

PD

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date