2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36214

City-St-Zip: FORT WALTON BEACH, FL 32548

Entity Name: NAVARRE LLIMBER & SUPPLY INC.

FILED Apr 22, 2009 Secretary of State

Ellilly Nai	Me: NAVARE	RE LUIVIDER & SUPPLY, INC.			
Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
2013 HWY NAVARRE	/ 87 E, FL 32566				
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
2013 HWY PO BOX 5 NAVARRE			P O BOX 5067 NAVARRE, FL 32566		
FEI Number	: 59-2982397	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
238 CREW FORT WA The above	LTON BEACH	I, FL 32548 US	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KILLINGSWOF 238 CREWILL) Delete RTH, ANDREA L A DRIVE N BEACH, FL 32548	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	•) Delete RTH, ROBERT L A DRIVE	Title: (Name: Address:) Change () Addition	

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: ROBERT L KILLINGSWORTH PRES 04/22/2009