2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N47737

Entity Name: SOUTHERN PINE INSPECTION BUREAU

Current Principal Place of Business:

4709 SCENIC HWY
PENSACOLA, FL 325049094 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10915
PENSACOLA, FL 325240915 US

New Mailing Address:

FEI Number: 72-0322757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 323012960 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:	PTD	( ) Delete
Name:	LOY, JAMES E PRES	
Address:	4709 SCENIC HIGHWAY	
City-St-Zip:	PENSACOLA, FL 325049094 US	
Title:	S	( ) Delete
Name:	BROWDER, ROBERT M SECT	
Address:	4709 SCENIC HIGHWAY	
City-St-Zip:	PENSACOLA, FL 325049094 US	
Title:	DC	( ) Delete
Name:	SHACKELFORD, R M III	
Address:	1850 CONCEPTION ST RD	
City-St-Zip:	MOBILE, AL 36610 US	
Title:	D	( ) Delete
Name:	JONES, BERT H	
Address:	LINCOLN PARISH RD #337	
City-St-Zip:	SIMSBORO, LA 71275 US	
Title:	D	( ) Delete
Name:	KELLAM, DAVID F	
Address:	700 NORTH TEMPLE	
City-St-Zip:	DIBOLL, TX 75941 US	
Title:	D	( ) Delete
Name:	BRODIE, T F	
Address:	4930 PLANER ROAD	
City-St-Zip:	EFFINGHAM, SC 29541 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. LOY PTD 03/10/2009

Electronic Signature of Signing Officer or Director — Date