


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000120218
1. Entity Name
JACKSON COUNTY LUMBER & BUILDING SUPPLY, INC.



Principal Place of Business Mailing Address
4091 LAFAYETTE HWY. 90 W. **PO BOX 5956**
MARIANNA, FL 32446 **MARIANNA, FL 32446-5956**

DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0020067 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PITTS, MARION
4091 LAFAYETTE ST
MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000247801
03/02/05-80001-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	RUCH, RICHARD W
STREET ADDRESS	2501 LONNBLADH RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	V
NAME	PITTS, MARION
STREET ADDRESS	4091 LAFAYETTE ST
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	V
NAME	PORTER, NEAL
STREET ADDRESS	2501 LONNBLADH RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marion Pitts* **MARION PITTS** 2-2-05 850-526-5125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #