

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018758

FILED
Jan 17, 2009
Secretary of State

Entity Name: INTERSTATE WHOLESAL LUMBER EXCHANGE, INC.

Current Principal Place of Business:

297 NELMS RD.
FAYETTEVILLE, GA 30215 US

New Principal Place of Business:

Current Mailing Address:

297 NELMS RD
FAYETTEVILLE, GA 30215

New Mailing Address:

FEI Number: 03-0402718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILDRESS, RONALD C
297 NELMS RD.
FAYETTEVILLE, GA, FL 30215 US

Name and Address of New Registered Agent:

CHILDRESS, RONALD C
2603 GREYTWIG LN.
FT. PIERCE, FLA, FL 34949 US

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:

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHILDRESS, RONALD C
Address: 297 NELMS RD
City-St-Zip: FAYETTEVILLE, GA 30215

Title: S () Delete
Name: CHILDRESS, BRIAN K
Address: 220 OLD PLANTATION WAY
City-St-Zip: FAYETTEVILLE, GA 30215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD C. CHILDRESS

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date