

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018533

FILED
Oct 10, 2008
Secretary of State

Entity Name: CASH & CARRY SURPLUS BUILDING SUPPLIES, CORP.

Current Principal Place of Business:

718 FARMERS MARKET ROAD
FORT PIERCE, FL 34982

New Principal Place of Business:

2987 BELLEVIEW AVENUE
DAYTONA BEACH, FL 32124

Current Mailing Address:

718 FARMERS MARKET ROAD
FORT PIERCE, FL 34982

New Mailing Address:

2987 BELLEVIEW AVENUE
DAYTONA BEACH, FL 32124

FEI Number: 65-0662793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHTON, GARY S
372 CYCLONE DRIVE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

ASHTON, GARY S
6538 TURTLE MOUND RD
NEW SMYRNA BEACH, FL 32169 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: GARY ASHTON

10/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASHTON, GARY S
Address: 372 CYCLONE DRIVE
City-St-Zip: FT. PIERCE, FL 34945

Title: O (X) Delete
Name: FRANCE, DANA
Address: 13930 77TH ST
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ASHTON, GARY S
Address: 2987 BELLEVIEW AVENUE
City-St-Zip: DAYTONA BEACH, FL 32124

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: GARY ASHTON

DP

10/10/2008

Electronic Signature of Signing Officer or Director

Date