2008 FOR PROFIT CORPORATION ANNUAL REPORT

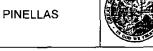
DOCUMENT # P06000155929

1. Entity Name

SOUTHERN PINE LUMBER COMPANY OF PINELLAS

PARK, INC.

Principal Place of Business 10875 52ND ST NORTH PINELLAS PARK, FL 33760



Mailing Address

10875 52ND ST NORTH PINELLAS PARK, FL 33760

FILED Feb 15, 2008 8:00 am Secretary of State

02-15-2008 90011 046 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 20-8090734 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KOZELL, RICHARD S JR 250 NE DIXIE HWY STE 2 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

				<u> </u>	
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or both, in the	e State of Florida. I am familiar with, and acc
SIGNATURE_					
OIGHATIONE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KOZELL, RICHARD S JR 250 NE DIXIE HWY - STE 2 STUART, FL 34994				• .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANGIANO, VINCENT 250 NE DIXIE HWY - STE 2 STUART, FL 34994				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				· .	
12. I hereby	certify that the information supplied with this (i	ling does not qualify for the exe	mptions co	ntained in Chapter 119, Florid	la Statutes. I further certify that the information

12. Increby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

1/15/08

772-692-2310

Daytime Phone #