

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20983

FILED
Mar 24, 2009
Secretary of State

Entity Name: EMPIRE WHOLESALE LUMBER CO.

Current Principal Place of Business:

2803 W. BUSCH BLVD.
SUITE 104
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1248
BATH, OH 44210 US

New Mailing Address:

FEI Number: 34-0702423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATNEAUDE, MICHAEL R
2803 WEST BUSCH BLVD
SUITE 104
TAMPA, FL 33618 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GRAVES, PATRICIA,
Address: 525 ST. ANDREWS DR.
City-St-Zip: AKRON, OH

Title: P () Delete
Name: CARROLL, PETER A.,
Address: 313 TIMBER RIDGE
City-St-Zip: CUYAHOGA FALLS, OH

Title: VPS () Delete
Name: GRAVES, JOHN H., JR.,
Address: 1346 VILLAGE DR
City-St-Zip: AKRON, OH

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:

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: MICHAEL ANDRZEJEWSKI

CONT

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date