2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P96000070986

Entity Name: STATE SUPPLY INC., OF SO. FLORIDA

Current Principal Place of Business:

1849 7TH AVE NORTH
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

1849 7TH AVE N
LAKE WORTH, FL 33461 US

New Mailing Address:

1849 7TH AVE NORTH
LAKE WORTH, FL 33461 US

FEI Number: 65-0706704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SICKLES, MARK
1849 7TH AVE N
LAKE WORTH, FL 33461 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: DPST ( ) Delete
Name: SICKLES, JUDITH
Address: 8122 DUOMO CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD ( ) Delete
Name: SICKLES, MARK
Address: 7799 ROCKPORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete
Name: SICKLESS, ALAN
Address: 7799 ROCK PORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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: JUDITH SICKLES PRES 03/30/2009

Electronic Signature of Signing Officer or Director Date