

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106080

FILED
Feb 11, 2008
Secretary of State

Entity Name: FF PURCHASING CORPORATION

Current Principal Place of Business:

804 S. OHIO AVE.
LIVE OAK, FL 32064

New Principal Place of Business:

4705 WEST US HWY 90
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 2029
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3563700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBFRIED, KEITH C
804 S. OHIO AVE
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

LEIBFRIED, KEITH C
4705 WEST US HWY 90
LAKE CITY, FL 32055 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:

02/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEIBFRIED, KEITH C
Address: 804 S. OHIO AVE.
City-St-Zip: LIVE OAK, FL 32064

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEIBFRIED, KEITH C
Address: 4705 WEST US HWY 90
City-St-Zip: LAKE CITY, FL 32055 US

Title: D () Change (X) Addition
Name: MOSES, PHILIP J JR
Address: 860 SW EL PRADO
City-St-Zip: LAKE CITY, FL 32025 US

Title: D () Change (X) Addition
Name: SMITH, STEPHEN A
Address: PO BOX 1792
City-St-Zip: LAKE CITY, FL 32056 US

Title: D () Change (X) Addition
Name: MCGRANAHAN, ROBERT
Address: 10709 184TH STREET
City-St-Zip: MC ALPIN, FL 32062 US

Title: D () Change (X) Addition
Name: POOLE, RONNIE
Address: 9024 141ST DRIVE
City-St-Zip: LIVE OAK, FL 32060 US

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