

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090973

FILED
Mar 17, 2007
Secretary of State

Entity Name: L J LUMBER OF JACKSONVILLE, INC.

Current Principal Place of Business:

6929 S. PHILLIPS PARKWAY DR.
JACKSONVILLE, FL 322561565

New Principal Place of Business:

Current Mailing Address:

6929 S. PHILLIPS PARKWAY DR.
JACKSONVILLE, FL 322561565

New Mailing Address:

FEI Number: 59-3601007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAVIN, THOMAS P CPA
330 FIFTH AVE.
INDIALANTIC, FL 32903 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: P () Delete
Name: JACOBSEN, LISA
Address: 6929 PHILLIPS PKYWY DR S
City-St-Zip: JACKSONVILLE, FL 322561565

Title: VP () Delete
Name: JACOBSEN, JAMES
Address: 6929 PHILLIPS PKYWAY DRIVE S
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LISA JACOBSEN

P

03/17/2007

Electronic Signature of Signing Officer or Director

Date