2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 29, 2008 08:00 AN Secretary of State **DOCUMENT #438810** 1. Entity Name JACK B. THIGPEN LUMBER COMPANY, INC. Principal Place of Business Mailing Address **8 MAIN STREET** PO BOX 185 CHATTAHOOCHEE, FL 32324 CHATTAHOOCHEE, FL 32324 04212008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1516822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE THIGPEN, JACK B. **8 MAIN STREET** CHATTAHOOCHEE, FL 32324 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE U00000931153 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 US/22/U8-8UQQ3-Q15 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITI F THIGPEN, JACK B. NAME 8 MAIN ST. STREET ADDRESS CITY-SI-7IP CHATTAHOOCHEE, FL 32324 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby 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 or 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 ephpowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR