2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002737

FILED Jan 07, 2004 Secretary of State

Entity Nai	me: MANER B	UILDING SUPPLY COMPAN	(
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
PO BOX 204598 AUGUSTA, GA 30917				3717 WASHINGTON RD. AUGUSTA, GA 30907		
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 204598 AUGUSTA, GA 30917			PO BOX 204598 AUGUSTA, GA 309174598			
FEI Number: 58-0585932 FEI Number Applied For ()		FEI Number Not Appl	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU PLANTATI	PORATION SYS TH PINE ISLAN ION, FL 33324	ID ROAD US	ourpose of changing i	ts registered	l office or registered agent, or both,	
in the State	e of Florida.					
SIGNATU						
	Electroni	c Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BROOME, JIM 852 LAKE ROYA GROVETOWN, (Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () WREN, WILLIAN 5256 ANDERSO EVANS, GA 308	N CIRCLE	Title: Name: Address: City-St-Zip:	V WREN, WILL 4096 MULLIF EVANS, GA	(IN RD.	
Title: Name: Address: City-St-Zip:	S () BIGHAM, JERRY 4725 BROOKGF MARTINEZ, GA	REEN ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () HARBIN, BERT #9 RAINTREE P AUGUSTA, GA		Title: Name: Address: City-St-Zip:	T HARBIN, BEF 71 CONIFER AUGUSTA, G	CIRCLE	
Title: Name: Address: City-St-Zip:	V () MCCRARY, ROE 4468 ANDOVER EVANS, GA 309	DR	Title: Name: Address: City-St-Zip:	V MCCRARY, F 699 FOSTER EVANS, GA	RS COURT	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES C. BROOME **PRES** 01/07/2004