

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51424

FILED
Apr 14, 2009
Secretary of State

Entity Name: BUILDER'S SUPPLY STORE OF CAPE CANAVERAL, INC.

Current Principal Place of Business:

200 W. CENTRAL BLVD
CAPE CANAVERAL, FL 329200598

New Principal Place of Business:

Current Mailing Address:

200 W. CENTRAL BLVD
CAPE CANAVERAL, FL 329200598

New Mailing Address:

FEI Number: 59-2311687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, JOSEPH W
707 MULLET AVE., #203
PT. CANAVERAL, FL 32920 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: VST () Delete
Name: NASAJPOUR, ABULGHASEM
Address: 1301 PALACE COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: NASAJPOUR, AHMAD
Address: 3502 PALOMINO RD
City-St-Zip: MELBOURNE, FL 32934

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 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: ABULGHASEM NASAJPOUR

VST

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date