2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# H12041

Entity Name: MANNING BUILDING SUPPLIES, INC.

Current Principal Place of Business:

C/O JAMES H. CISSEL
10900 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

C/O JAMES H. CISSEL
10900 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2398136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CISSEL, JAMES H;.
10900 PHILLIPS HWY
JACKSONVILLE, FL 32256 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: VPD ( ) Delete
Name: MANNING, KIRBY
Address: 6917 SE 12TH TERRACE
City-St-Zip: OCALA, FL 34480

Title: PD ( ) Delete
Name: CISSEL, JAMES H
Address: 14 HOPSON ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: AS ( ) Delete
Name: HOLZE, KAREN
Address: 14516 SAN PABLO DR N
City-St-Zip: JACKSONVILLE, FL 32224

Title: TS ( ) Delete
Name: BEASLEY, GEORGE
Address: 3759 RANDALL RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: WIECHENS, STEVE
Address: 2209 W CLOVELLY LANE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP ( ) Change (X) Addition
Name: CISSEL, JAMES H IV
Address: 8 20TH AVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: JAMES H CISSEL PD 04/11/2007
Electronic Signature of Signing Officer or Director Date