
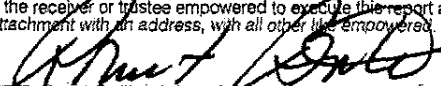


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000078281 1. Entity Name ARCHITECTURAL BUILDING SPECIALTIES, INC.		
Principal Place of Business 320 DIVISION AVE UNIT D ORMOND BEACH, FL 32174	Mailing Address 320 DIVISION AVE UNIT D ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOOTE, ROBERT 2 FERNERY TRAIL ORMOND BEACH, FL 32174		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOTE, ROBERT 2 FERNERY TRAIL ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOOTE, BARBARA 2 FERNERY TRAIL ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-25-07 Daytime Phone # 386-676-2095



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3606152

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000608600
02/01/07-80016-025 150.00

**DO NOT WRITE
IN THIS SPACE**