

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90127 032 ***150.00

DOCUMENT # 355333

1. Entity Name

BUILDING MATERIALS CENTER, INC.



Principal Place of Business
**465-B DISTRIBUTION DR
MELBOURNE FL 32904**

Mailing Address
**465-B DISTRIBUTION DR
MELBOURNE FL 32904**



2. Principal Place of Business

3. Mailing Address

*** 560 DISTRIBUTION DR * 560 DISTRIBUTION DR.**
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

59-1277827

Applied For

Not Applicable

Zip

32904

Country

BREVARD

Zip

32904

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**560 ROBERTSON, DOUGLAS G
465-B DISTRIBUTION DR
MELBOURNE FL 32904**

Name

*** ADDRESS CHANGE!**

Street Address (P.O. Box Number is Not Acceptable)

560 DISTRIBUTION DR.

City

FL

Zip Code

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROBERTSON, DOUGLAS G**
STREET ADDRESS **465-B DISTRIBUTION DR**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **ST** ☒ Delete
NAME **MATTHEWS, EARL E III**
STREET ADDRESS **465-B DISTRIBUTION DR**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS G ROBERTSON

321-723-8246

Daytime Phone #