

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 357210**

1. Entity Name  
**DURHAM BUILDING MATERIALS, INC.**



Principal Place of Business  
**C/O LEE MORRIS  
5914 NORWOOD AVENUE  
JACKSONVILLE, FL 32208-1346**

Mailing Address  
**C/O LEE MORRIS  
5914 NORWOOD AVENUE  
JACKSONVILLE, FL 32208-1346**



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1279693** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORRIS, LEE  
5914 NORWOOD AVENUE  
JACKSONVILLE, FL 32208**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEE, MORRIS S  
STREET ADDRESS 5545 SALERNO RD  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE STD  
NAME ANDERSON, VICKY  
STREET ADDRESS 2373 DAVIS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VP  
NAME THURMAN, MITCHELL L.  
STREET ADDRESS 1303 ARDEN WAY  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/24/05-80073-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Lee Morris, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05

904-764-9541

Date

Daytime Phone #