

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1279693**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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 reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000839460  
03/06/08-80009-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:**

*Vicky Anderson* **VICKY ANDERSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-08**  
Date

**904-764-9541**  
Daytime Phone #