


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90153 040 ***150.00

DOCUMENT # 466221 1. Entity Name CONTINENTAL FLORIDA MATERIALS INC.					
Principal Place of Business 13450 W SUNRISE BLVD SUITE 430 SUNRISE, FL 33323 US			Mailing Address 13450 W. SUNRISE BLVD SUITE 430 SUNRISE, FL 33323 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1616110	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ANDERSON, FRANK Y IV 1400 URBAN CENTER DRIVE BIRMINGHAM, AL 35242 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRINGTON, DANIEL M. 13450 W. SUNRISE BLVD., SUITE 430 SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERHARD, HELMUT S 7660 IMPERIAL WAY ALLENTOWN, PA 18195 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITZMILLER, JAMES K. 13450 W. SUNRISE BLVD., SUITE 430 SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MICHAEL J 7660 IMPERIAL WAY ALLENTOWN, PA 18195 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO BULLOCK, RAY 1400 URBAN CENTER DRIVE BIRMINGHAM, AL 35242 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCFOT BULLOCK, RAY 13450 W. SUNRISE BLVD., SUITE 430 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGM CARDONNE, ROBERT 13450 W SUNRISE BLVD, SUITE 430 SUNRISE, FL 33323 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROZYNA, JEFFRY H. 7660 IMPERIAL WAY ALLENTOWN, PA 18195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Jeffrey H. Brozyna</u> (JEFFRY H. BROZYNA, SECRETARY) 25 APRIL 2008 610-366-4600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60031911



04172008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1616110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

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, 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
D/P
ANDERSON, FRANK Y IV
1400 URBAN CENTER DRIVE
BIRMINGHAM, AL 35242 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERHARD, HELMUT S
7660 IMPERIAL WAY
ALLENTOWN, PA 18195 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, MICHAEL J
7660 IMPERIAL WAY
ALLENTOWN, PA 18195 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCFO
BULLOCK, RAY
1400 URBAN CENTER DRIVE
BIRMINGHAM, AL 35242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPGM
CARDONNE, ROBERT
13450 W SUNRISE BLVD, SUITE 430
SUNRISE, FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HARRINGTON, DANIEL M.
13450 W. SUNRISE BLVD., SUITE 430
SUNRISE, FL 33323 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KITZMILLER, JAMES K.
13450 W. SUNRISE BLVD., SUITE 430
SUNRISE, FL 33323 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCFOT
BULLOCK, RAY
13450 W. SUNRISE BLVD., SUITE 430
SUNRISE, FL 33323 ☒ Change ☐ Addition

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

TITLE
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BROZYNA, JEFFRY H.
7660 IMPERIAL WAY
ALLENTOWN, PA 18195 ☐ Change ☒ Addition

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SIGNATURE: Jeffrey H. Brozyna (JEFFRY H. BROZYNA, SECRETARY)

25 APRIL 2008 610-366-4600
Date Daytime Phone #