

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466221

FILED
Apr 28, 2009
Secretary of State

Entity Name: CONTINENTAL FLORIDA MATERIALS INC.

Current Principal Place of Business:

13450 W SUNRISE BLVD
SUITE 430
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

13450 W. SUNRISE BLVD
SUITE 430
SUNRISE, FL 33323 US

New Mailing Address:

300 E. JOHN CARPENTER FREEWAY
IRVING, TX 75062 US

FEI Number: 59-1616110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: HARRINGTON, DANIEL M
Address: 13450 W. SUNRISE BLVD. STE. 430
City-St-Zip: SUNRISE, FL 33323 US

Title: D () Delete
Name: KITZMILLER, JAMES K
Address: 13450 W. SUNRISE BLVD. STE. 430
City-St-Zip: SUNRISE, FL 33323 US

Title: D () Delete
Name: LEWIS, MICHAEL J
Address: 7660 IMPERIAL WAY
City-St-Zip: ALLENTOWN, PA 18195 US

Title: VPCF () Delete
Name: BULLOCK, RAY
Address: 13450 W. SUNRISE BLVD, STE. 430
City-St-Zip: SUNRISE, FL 33323 US

Title: VPGM () Delete
Name: CARDONNE, ROBERT
Address: 13450 W SUNRISE BLVD, SUITE 430
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: BROZYNA, JEFFREY H
Address: 7660 IMPERIAL WAY
City-St-Zip: ALLENTOWN, PA 18195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: HARRINGTON, DANIEL M
Address: 300 E. JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062 US

Title: D (X) Change () Addition
Name: KITZMILLER, JAMES K
Address: 300 E. JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. HUTCHINSON

AS

04/28/2009

Electronic Signature of Signing Officer or Director

Date