## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT DOGUMENT # 485024** 1. Entity Name ARMEL BUILDING SUPPLY, INC. Principal Place of Business Mailing Address 14044 NORTH MAIN STREET 14044 NORTH MAIN STREET P.O. BOX 18124 P.O. BOX 18124 JACKSONVILLE, FL 32229-0124 JACKSONVILLE, FL 32229-0124

## **FILED** - Jan 20, 2004 08:00 AM **Secretary of State**



## DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-1632163 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, JOHN R. 14043 HYATT ROAD JACKSONVILLE, FL 32218

## 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 famillar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contributio				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
THEF NAME STREET ADDRESS CITY-SI-ZP	PTD ELLIOTT, JOHN R. 14043 HYATT RD. JACKSONVILLE, FL			-	U00000007110	
THLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIOTT, S.P. 14043 HYATT RD. JACKSONVILLE, FL				01/20/04-80010-016 150.00	
Title Name Street address City-St-Zip				DO	NOT WRITE	
HILE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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						

indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am an officer of director of the corporation or the receiptr 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, while all other like empowered.

SIGNATURE:

JOHN MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR