2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 485024

City-St-Zip: JACKSONVILLE, FL

Entity Name: ARMEL BUILDING SUPPLY, INC.

FILED May 29, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14044 NORTH MAIN STREET P.O. BOX 18124 JACKSONVILLE. FL 322290124			14044 NORTH MAIN	14044 NORTH MAIN STREET JACKSONVILLE, FL 32218	
			JACKSONVILLE, FL		
JACKSON	IVILLE, FL 32	2290124			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
14044 NOI	RTH MAIN ST	REET			
P.O. BOX		2200424			
JACKSON	VILLE, FL 32	2290124			
FEI Number:	: 59-1632163	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
JACKSON The above	ATT ROAD VILLE, FL 32:		e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	Agent	Date	
Election Car		93(2)(b), F.S., the corporation diding Trust Fund Contribution ().	•	ES TO OFFICERS AND DIRECTORS:	
Title: Name:	PTD (ELLIOTT, JOH) Delete	Title: Name:	() Change () Addition	
Address:	14043 HYATT		Address:		
City-St-Zip:	JACKSONVILL		City-St-Zip:		
Title:	SD () Delete	Title:	() Change () Addition	
Name:	ELLIOTT, S.P.	,	Name:	C / C / C - C	
Address:	14043 HYATT		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 R. ELLIOTT PRES 05/29/2007