

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90273 043 ***150.00

DOCUMENT # 674676

1. Entity Name
ATLANTIC BUILDING MATERIALS, INC.



Principal Place of Business
945 WAGNER PLACE
FORT PIERCE, FL 34982

Mailing Address
120 ORANGE AVENUE
FORT PIERCE, FL 34950

14010458



2. Principal Place of Business

3. Mailing Address

702 56TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152005

Chg-P

CR2E034 (10/03)

City & State

City & State

FORT PIERCE, FL

Zip

Country

Zip

34950

Country

4. FEI Number

59-2012496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRIPPEN, STANDISH C
945 WAGNER PL
BOX 2118
FT PIERCE, FL 34982

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, 2005 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
PT
CRIPPEN, STANDISH C
945 WAGNER PLACE
FT PIERCE, FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HUNT, DONALD J
945 WAGNER PLACE
FT PIERCE, FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DENTI, CATHERINE M
945 WAGNER PLACE
FT PIERCE, FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 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:

STANDISH CRIPPEN

4-26-05 7724646900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #