

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674676**

1. Entity Name  
**ATLANTIC BUILDING MATERIALS, INC.**



Principal Place of Business

**945 WAGNER PLACE  
FORT PIERCE, FL 34982**

Mailing Address

**702 56TH ST  
FORT PIERCE, FL 34950**



03242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**CRIPPEN, STANDISH C  
945 WAGNER PL  
BOX 2110  
FT PIERCE, FL 34982**

**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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000523844  
05/03/06-80086-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME CRIPPEN, STANDISH C  
STREET ADDRESS 945 WAGNER PLACE  
CITY-ST-ZIP FT PIERCE, FL 34982

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: SIGNING OFFICER OR DIRECTOR

**4-17-06 7724646900**  
Date Daytime Phone #