2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
05-01-2008 90231 033 ***150.00

DOCUMENT # 674676

1. Entity Name
ATLANTIC BUILDING MATERIALS, INC.

66012023

04232008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
945 WAGNER PLACE FORT PIERCE, FL 34982	702 56TH ST FORT PIERCE, FL 34950

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
315 Ave A	Po Box 3688
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Pierce FL	City & State: Ft Pierce FL
Zip: 34950 Country: USA	Zip: 34948 Country: USA

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 2110 FT PIERCE, FL 34982	Name Street Address (P.O. Box Number is Not Acceptable): 116 Castle Ct City: Ft Pierce FL Zip Code: 34949

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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	P Standish Crippen 315 Ave A Ft Pierce FL 34950	☒ Change ☐ Addition
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	VP Scott Crippen 315 Ave A Ft Pierce FL 34950	☒ Change ☐ Addition
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	S Glynda Cavalcanti 315 Ave A Ft Pierce FL 34950	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 5-22-08
(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON) (Date) (Daytime Phone #)