

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000347

1. Entity Name
STOCK BUILDING SUPPLY, INC.



Principal Place of Business
**4403 BLAND ROAD
RALEIGH, NC 27609**

Mailing Address
**4403 BLAND ROAD
RALEIGH, NC 27609**

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-0163330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORD, FENTON N
STREET ADDRESS	4403 BLAND ROAD
CITY-ST-ZIP	RALEIGH, NC 27609
TITLE	VD
NAME	ROBINETTE, GARY E
STREET ADDRESS	4403 BLAND ROAD
CITY-ST-ZIP	RALEIGH, NC 27609
TITLE	VSTD
NAME	O'HALLORAN, DAVID W
STREET ADDRESS	4403 BLAND ROAD
CITY-ST-ZIP	RALEIGH, NC 27609
TITLE	VD
NAME	ROSE, WILLIAM D
STREET ADDRESS	4403 BLAND ROAD
CITY-ST-ZIP	RALEIGH, NC 27609
TITLE	V
NAME	SCHMOLL, DAVID
STREET ADDRESS	4403 BLAND ROAD
CITY-ST-ZIP	RALEIGH, NC 27609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

David O'Halloran **DAVE O'HALLORAN**

2-13-04

919-431-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #