

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 025 ***150.00

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1. Entity Name
ACI BUILDING SYSTEMS, INC.



Principal Place of Business

**10125 HWY #6 WEST
BATESVILLE, MS 38606**

Mailing Address

**PO BOX 1316
BATESVILLE, MS 38606**

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
64-0789935

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302**

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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 reinstating)

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	PC
NAME	WATKINS, W. H. W. H. WATKINS, JR.
STREET ADDRESS	10125 HWY #6 WEST
CITY-ST-ZIP	BATESVILLE, MS 38606
TITLE	VVCM
NAME	KNAPP, BYRON W
STREET ADDRESS	10125 HWY #6 WEST
CITY-ST-ZIP	BATESVILLE, MS 38606
TITLE	ST
NAME	CAPWELL, MARSHA A
STREET ADDRESS	10125 HWY #6 WEST
CITY-ST-ZIP	BATESVILLE, MS 38606
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #