

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90408 044 ***150.00

DOCUMENT # F05000005641

1. Entity Name
EXTERIOR BUILDING SUPPLY, INC.



Principal Place of Business
**9601 RECYCLE CENTER RD
ORLANDO, FL 32824**

Mailing Address
**501-C OLD STATE ROAD
BALLWIN, MO 63021**

40071300



2. Principal Place of Business - No P.O. Box #
7850 NW 25th Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.

City & State
Doral, Florida

City & State

Zip
33122

Country
US

Zip

Country

04102007 Chg-P CR2E034 (12/06)

4. FEI Number
01-0628218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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, 2007 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 PD ☐ Delete
NAME BAKER, TROY
STREET ADDRESS 501-C OLD STATE ROAD
CITY-ST-ZIP BALLWIN, MO 63021

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

TITLE V ☐ Delete
NAME NAPPIER, RICK D
STREET ADDRESS 501-C OLD STATE ROAD
CITY-ST-ZIP BALLWIN, MO 63021

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

TITLE SD ☐ Delete
NAME ALLEN, LEE E JR.
STREET ADDRESS 501-C OLD STATE ROAD
CITY-ST-ZIP BALLWIN, MO 63021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Paul G. Kelenberg, Esq. Counsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07
Date

4078236738
Daytime Phone #