


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90401 020 ***150.00

DOCUMENT # F67050	
1. Entity Name BUILDING MATERIALS OF WEST FLORIDA, INC.	

Principal Place of Business 3040 HWY 95-A SOUTH CANTONMENT FL 32533	Mailing Address P.O. BOX 7006 PENSACOLA FL 32534
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CAMPBELL, C. R. 10391 OLD DAIRY LANE PENSACOLA FL 32534

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, C. R.		NAME	
STREET ADDRESS 10391 OLD DAIRY LANE		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32534		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, ELEANOR FAYE		NAME	
STREET ADDRESS 10391 OLD DAIRY LANE		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, CLEVELAND JR.		NAME	
STREET ADDRESS 10390 OLD DAIRY LANE		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROGERS, TRUDY MARIE		NAME	
STREET ADDRESS 26 LITTLETON DR		STREET ADDRESS	
CITY-ST-ZIP CANTONMENT FL 32533		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, BILLY RAY		NAME	
STREET ADDRESS 1340 BRICKTON RD.		STREET ADDRESS	
CITY-ST-ZIP CANTONMENT FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Trudy M. Rogers April 14, 2004 850-922-477-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #