

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F67050

FILED
Apr 25, 2006
Secretary of State

Entity Name: BUILDING MATERIALS OF WEST FLORIDA, INC.

Current Principal Place of Business:

3040 HWY 95-A SOUTH
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7006
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-2233733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, C. R.
10391 OLD DAIRY LANE
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, C. R.,
Address: 10391 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: CAMPBELL, ELEANOR FA, YE
Address: 10391 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL

Title: VP () Delete
Name: CAMPBELL, CLEVELAND, JR.
Address: 10390 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL

Title: S () Delete
Name: ROGERS, TRUDY MARIE
Address: 4600 BAYBROOK DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: CAMPBELL, BILLY RAY,
Address: 1340 BRICKTON RD.
City-St-Zip: CANTONMENT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ROGERS, TRUDY MARIE
Address: 2014 HAMILTON CROSSING
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change () Addition
Name: CAMPBELL, BILLY RAY,
Address: 1340 BRICKTON RD.
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.R,CAMPBELL,SR

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04/25/2006

Electronic Signature of Signing Officer or Director

Date