


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90009 014 \*\*\*150.00

**DOCUMENT # F88400**

1. Entity Name  
**BUILDERS BARGAIN SURPLUS, INC.**



Principal Place of Business      Mailing Address

3045 NE 12TH TERR      3045 NE 12TH TERR  
 OAKLAND PARK, FL 33334 US      OAKLAND PARK, FL 33334 US

**54056287**



2. Principal Place of Business      3. Mailing Address

**3045 N.E 12<sup>TH</sup> TERR**      **3045 NE 12 TERR**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03132003      Chg-P      CR2E034 (10/03)

City & State      City & State

**OAKLAND PARK FL**      **OAKLAND PARK FL**

Zip      Country      Zip      Country

**33334**      **BROWARD**      **33334**      **BROWARD**

4. FEI Number      Applied For

**59-2809369**       Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUEZENMAIES, WILLIAM C. 3045 NE 12TH TERRACE OAKLAND PARK, FL 33334		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUEZENMAIER, WILLIAM C 1089 SW 25 AVENUE DEERFIELD BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MUEZENMAIER, JANICE M. 1089 SW 25 AVENUE DEERFIELD BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William C. Muezenmaier*      **William C. MUEZENMAIER**      5/27/04      (954) 564-7375

Signature of Signing Officer or Director      Date      Daytime Phone #