


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 12TH 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 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 _____ 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	DP	TITLE	
NAME	MUEZENMAIER, WILLIAM C	NAME	
STREET ADDRESS	1089 SW 25 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	MUEZENMAIER, JANICE M.	NAME	
STREET ADDRESS	1089 SW 25 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: *William C. Muezenmaier* **William C. MUEZENMAIER** 5/27/04 (954) 564-7375

Signature Date Daytime Phone #