

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004353

1. Entity Name

FAGEN'S BUILDING CENTERS, INC.



Principal Place of Business

PO BOX 658 - 9000 BROOKTREE LANE
ATTENTION: LIZ AFFUSO
WEXFORD, PA 15090 US

Mailing Address

P.O. BOX 658
9000 BROOKTREE ROAD
WEXFORD, PA 15090



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1618509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000118011
04/19/04-80043-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCPT
FAGEN, JACK
9000 BROOKTREE ROAD
WEXFORD, PA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WARDEN, GARVIN
9000 BROOKTREE ROAD
WEXFORD, PA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
VARGO, SAM
9000 BROOKTREE ROAD
WEXFORD, PA 15090

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MASSAGLIA, LOU
9000 BROOKTREE ROAD
WEXFORD, PA 15090

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL J VARGO

Date

Daytime Phone #

1/20/04 724-935-3700