

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90389 010 ***150.00

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**

40051817



01182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Samuel J Vargo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

(724) 935-3700

Daytime Phone #