

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90042 022 \*\*\*150.00

40093679



<b>DOCUMENT # H12058</b> 1. Entity Name <b>UNITED BUILDING PRODUCTS, INC.</b>					
Principal Place of Business <b>3510 N. MONROE ST</b> <b>TALLAHASSEE, FL 32303-2745 US</b>			Mailing Address <b>3510 N. MONROE ST</b> <b>TALLAHASSEE, FL 32303-2745 US</b>		
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 <b>59-2810227</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CARNES, ROBERT T</b> <b>3510 N. MONROE ST</b> <b>TALLAHASSEE, FL 32303-2745</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARNES, ROBERT T.</b>		NAME		
STREET ADDRESS	<b>3510 N. MONROE ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARNES, WILLIAM B</b>		NAME		
STREET ADDRESS	<b>808 E. 6TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
<b>SIGNATURE:</b> <i>Robert T. Carnes</i> <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/19/06</b> <b>850-562-3510</b> <small>Date Daytime Phone #</small>		



**ATTACHMENT**  
**40093679**  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

**H12058**

Business Entity Name

**UNITED BUILDING PRODUCTS, INC.**

FEI Number 592810227  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address 3510 N. MONROE ST  
Suite, Apt. #, etc.  
City, State TALLAHASSEE, FL  
Zip Code & Country 323032745 US

**Mailing Address**

Address 3510 N. MONROE ST  
Suite, Apt. #, etc.  
City, State TALLAHASSEE, FL  
Zip Code & Country 323032745 US

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) CARNES, ROBERT, T,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 3510 N. MONROE ST  
Suite, Apt. #, etc.  
City, State TALLAHASSEE, FL  
Zip Code & Country 323032745 US

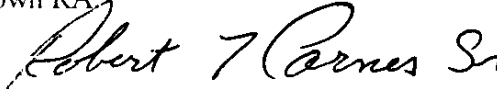
If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title VP

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

CARNES, ROBERT T.

Street Address

3510 N. MONROE ST

City, State

TALLAHASSEE, FL

Zip Code & Country

32303

Title

P

Name (Last, First, Middle, Title)

CARNES, WILLIAM, B

- OR -

Entity Name to serve as  
Officer/Director

Street Address

808 E. 6TH AVE

City, State

TALLAHASSEE, FL

Zip Code & Country

32303

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*Robert J. Carnes Sr.*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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