

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10792

FILED
Jun 29, 2005
Secretary of State

Entity Name: ASSOCIATED BUILDING SPECIALTIES, INC.

Current Principal Place of Business:

349 ZELL DR
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

349 ZELL DRIVE
ORLANDO, FL 32824 US

New Mailing Address:

FEI Number: 59-2664602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, KATHLEEN A.
6070 TWIN LAKES DR.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: SINGER, KATHLEEN A.,
Address: 6070 TWIN LAKES DR.
City-St-Zip: OVIEDO, FL

Title: VP () Delete
Name: HALE, CAROL M
Address: 2421 LOUDER DR.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN A SINGER

PRES

06/29/2005

Electronic Signature of Signing Officer or Director

Date