

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10792

FILED  
Apr 07, 2011  
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:**

6070 TWIN LAKES DRIVE  
OVIEDO, FL 32765 US

**Current Mailing Address:**

349 ZELL DR  
ORLANDO, FL 32824 US

**New Mailing Address:**

P.O. BOX 2590  
GOLDENROD, FL 327332590 US

**FEI Number:** 59-2664602      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SINGER, KATHLEEN A.  
Address: 6070 TWIN LAKES DR.  
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN A. SINGER

PRES

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date