


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M84202**  
 1. Entity Name  
**BUILDING PRODUCTS ETC., INC.**



Principal Place of Business  
**B25 GATEPARK DR  
 UNIT 9  
 DAYTONA BEACH, FL 32114**

Mailing Address  
**P.O. BOX 169  
 DAYTONA BEACH, FL 32115 US**



02242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPOTTS, ROBERT  
 3704 DONEGAL CIR  
 ORMOND BEACH, FL 32174**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SPOTTS, MAUREEN M.
STREET ADDRESS	PO BOX 169
CITY-ST-ZIP	DAYTONA BCH, FL 32115
TITLE	P
NAME	SPOTTS, ROBERT
STREET ADDRESS	P O BOX 169
CITY-ST-ZIP	DAYTONA BEACH, FL 32115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001441459  
 113/US/06-80044-006 150.00

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: Robert Spotts Date: 2-24-06 Daytona Phone #: 386 252-4651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR