## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000071653

GORDON, PAUL

8708 ALEGRE CIRCLE

ORLANDO, FL 32836

Name: Address:

City-St-Zip:

Entity Name: FLORIDA BUILDING MATERIALS, INC.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6321 W JONES AVENUE ZELLWOOD, FL 32798 **Current Mailing Address: New Mailing Address:** 33 EAST MAIN STREET, 2ND FLOOR APOPKA, FL 32703 FEI Number: 59-3674935 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAHLSE, CONNIE WAHLSE, CONNIE 4907 W KELLY PARK RD 33 EAST MAIN STREET APOPKA, FL 327125173 US 2ND FLOOR APOPKA, FL 32703 US 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: 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WARNER, COREY Name: Name: 15611 TROTTING HORSE LANE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: WAHLSE, CONNIE Name: 4907 W KELLY PARK RD Address: Address: APOPKA, FL 327125173 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition WARNER, SHAWN Name: Name: 15611 TROTTING HORSE LANE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: ( ) Delete Title: TD Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CONNIE WAHLSE VD 04/16/2009