


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90017 017 \*\*\*158.75

<b>DOCUMENT # P01000014779</b>	
1. Entity Name <b>PROFESSIONAL BUILDING PRODUCTS, INC.</b>	

Principal Place of Business <b>429 SOUTH TYNDALL PARKWAY SUITE L PANAMA CITY, FL 32404</b>	Mailing Address <b>429 SOUTH TYNDALL PARKWAY SUITE L PANAMA CITY, FL 32404</b>
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2. Principal Place of Business  Suite, Apt. #, etc. <b>Suite S</b> City & State Zip	3. Mailing Address  Suite, Apt. #, etc. <b>Suite S</b> City & State Zip
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01282004 0000 0000000000000000

4. FEI Number <b>59-3699982</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HARE, DIANE C CPA 3003 S HWY 77 STE A LYNN HAVEN, FL 32444</b>	
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7. Name and Address of New Registered Agent  Name <b>Diane C. Hare CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2589 Jenks Ave</b> City <b>Panama City</b> FL Zip Code <b>32405</b>	
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 0000 000000
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, JAMES A III 429 SOUTH TYNDALL PARKWAY # PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>429 S. Tyndall Pkwy. Suite S</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLOWAY, DAVID L 429 SOUTH TYNDALL PARKWAY # PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite S</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHE, RANDALL G 429 SOUTH TYNDALL PARKWAY # PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite S</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	<b>30 JAN 04 850-914-0002</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #