


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90047 022 ***150.00

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|---|---|
| DOCUMENT # P03000050420 1. Entity Name SEMINOLE BUILDING MATERIALS, INC. |  |
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| Principal Place of Business 945 WAGNER PLACE FORT PIERCE, FL 34982 | Mailing Address 945 WAGNER PLACE FORT PIERCE, FL 34982 |
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04262007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 58-2668990 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BLOCK, SAMUEL A 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOWELL, DANIEL A 5 CARSON DRIVE ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CRIPPEN, SCOTT S 945 WAGNER PLACE FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CRIPPEN, STANDISH C 945 WAGNER PLACE FORT PIERCE, FL 34982 |
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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 fee empowered.

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|---|---------------------|-------------------------------------|
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF CLERKING OFFICER OR DIRECTOR</small> | Date <u>4/30/07</u> | Daytime Phone # <u>772-595-0500</u> |
|---|---------------------|-------------------------------------|