

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087344

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: STB BUILDING MATERIALS, INC.

**Current Principal Place of Business:**

440 E HEINBERG ST  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

440 E HEINBERG ST  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 20-2986428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLS, GLORIA  
417 KENILWORTH AVE  
GULF BREEZE, FL 32561 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NICHOLS, KENT G  
Address: 417 KENILWORTH AVE  
City-St-Zip: GULFBREEZE, FL 32561

Title: ST ( ) Delete  
Name: NICHOLS, GLORIA F  
Address: 417 KENILWORTH AVE  
City-St-Zip: GULFBREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: GLORIA F. NICHOLS

ST

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date