

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087344

FILED
Apr 30, 2008
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:

698 E HEINBERG ST
106
PENSACOLA, FL 32502

Current Mailing Address:

440 E HEINBERG ST
PENSACOLA, FL 32502

New Mailing Address:

698 E HEINBERG ST
106
PENSACOLA, FL 32502

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 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

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date