

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90034 041 \*\*\*150.00

**DOCUMENT # P05000167217**

1. Entity Name

**SAN ANTONIO BUILDING SUPPLY, INC.**



Principal Place of Business

**12208 WOODLAND CIR  
DADE CITY FL 33525**

Mailing Address

**12208 WOODLAND CIR  
DADE CITY FL 33525**

2. Principal Place of Business

**12744 CURLEY ST**

Suite, Apt. #, etc.

3. Mailing Address

**P O BOX 998**

Suite, Apt. #, etc.

City & State

**SAN ANTONIO FL**

Zip

**33576**

Country

**USA**

City & State

**SAN ANTONIO FL**

Zip

**33576**

Country

**USA**

4. FEI Number

**42-1688738**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**JOHNSON, LEONARD H  
37837 MERIDIAN AVE STE 100  
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GLASGOW, HARVEY**  
STREET ADDRESS **12208 WOODLAND CIR**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Delete  
NAME **PHILLIPS, STANTON**  
STREET ADDRESS **12519 FORREST HIGHLANDS**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *Harvey Glasgow*

**HARVEY GLASGOW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-06

Date

352 588-2515

Daytime Phone #