## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P36898

Entity Name: LBM, INC. OF NC

FILED Feb 19, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

P. O. BOX 926 DUNN, NC 283350926

Current Mailing Address: New Mailing Address:

P. O. BOX 926 DUNN, NC 283350926

FEI Number: 56-1486058 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FERRER, CARLOS III 1529 FIFTH STREET PO BOX 1651 KEY WEST, FL 33040

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete Title: CDP (X) Change ( ) Addition

 Name:
 MOODY, FRANK
 Name:
 MOODY, FRANK

 Address:
 1315 YAUPON
 Address:
 1315 YAUPON

City-St-Zip: FAYETTEVILLE, NC 28312 US

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 DEAL, DEBBIE
 Name:
 DEAL, DEBBIE

 Address:
 1315 YAUPON
 Address:
 1315 YAUPON

City-St-Zip: FAYETTEVILLE, NC 28312 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 HARRIS, KAREN
 Name:
 HARRIS, KAREN

 Address:
 1129 CREEKSIDE TRAIL
 Address:
 1129 CREEKSIDE TRAIL

 City-St-Zip:
 SANFORD, NC 27332
 City-St-Zip:
 SANFORD, NC 27332 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN HARRIS TREA 02/19/2004