

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36898

Entity Name: LBM, INC. OF NC

FILED  
Apr 28, 2005  
Secretary of State

**Current Principal Place of Business:**

P. O. BOX 926  
DUNN, NC 283350926

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 926  
DUNN, NC 283350926

**New Mailing Address:**

FEI Number: 56-1486058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERRER, CARLOS III  
1529 FIFTH STREET  
PO BOX 1651  
KEY WEST, FL 33040 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: CDP ( ) Delete  
Name: MOODY, FRANK  
Address: 1315 YAUPON  
City-St-Zip: FAYETTEVILLE, NC 28312 US

Title: V ( ) Delete  
Name: DEAL, DEBBIE  
Address: 1315 YAUPON  
City-St-Zip: FAYETTEVILLE, NC 28312 US

Title: ST ( ) Delete  
Name: HARRIS, KAREN  
Address: 1129 CREEKSIDE TRAIL  
City-St-Zip: SANFORD, NC 27332 US

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

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

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

Title: ACCO (X) Change ( ) Addition  
Name: YOUNG, SHARON  
Address: 2342 PRIDGENFARM ROAD  
City-St-Zip: FAYETTEVILLE, NC 28306 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: SHARON W YOUNG

ACCO

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date