FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004375 (7)

PREFERRED BUILDING PRODUCTS, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9416 BUNTING LANE 9416 BUNTING LANE							··	- 1 1001/041	abili abili Bêji	I ANDRE LILLI	BBD1 #iff 1886
FT. PIERCE 1	PL 34951		FT. PIERO	FT. PIERCE FL 34951				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified		- AOL	
								01/12/1996			
2. Principal P	Plac e o f Busines	S	2a. Mailing	2a. Mailing Address				4. FEI Number		1	Applied For
21			26					65-0635596			Vot Applicable
Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & Stat			27	City & State							Required
23	.0		——————————————————————————————————————	28				Election Campaign Financing Trust Fund Contribution			May Be
Zip		Country		Zip Countr				Trust Fund Contribution LJ Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	25]	— — ·	29 30				Personal Property Tax due June 30. Yes No			
	Name and Address of Current							10. Name and Address of New Registered Agent			
	IADE, JAMES				81	ĪΝ	lame				
	81 HIGHLAND	OAK DR.				Street Addre		ss (P.O. Box Number is Not Accept	able)		<u>-</u>
	T. 9 03	_ `				<u> </u>					
TA	MPA FL 3364	7			83	3					
					84	10	lity			85 Zip	Code
dd Disserant	• • • • • • • • • • • • • • • • • • •	0	507 0500 4 007 4500						FL		
OTTICE OF F	egistered agent	i, or both, in t	he State of Florida. Such ne obligations of, Sectio	i chance was au	ulhorizad b	iv the	ameo corpo e corporatio	oration submits this statement for the on's board of directors. I hereby acc	e purpose of ept the app	changing ointment a	s registered s registered
SIGNATURE											
12.	Signature, typed or p		istered agent and tille if applicab ERS AND DIRECTORS				gnature required		DATE OF A NO	DIRECTO	DC IN 10
TITLE	PD	0,110	ENG KND DIRECTORS	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFF	ILENS AND	Change	Addition
NAME	DAVIS, STI				1.2 NAME						
STREET ADDRESS	9416 BUN			1.3 \$		1.3 STREET ADDRESS					1
CITY-ST-ZIP	FT. PIERCE	E FL 34951			1.4 C/TY-1	ST-ZI	P				į
TITLE	STD			☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	SHADE, JA		DD 4DT 4000	4002		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS			DR., APT. #903						•		
CITY-ST-ZIP	TAMPA FL	33047		Druere	2. 4 CITY-	\$1-21	IP .		····		
TITLE				☐ DELETE	3.1 TITLE					Change	Addition
NAME CIDEET ADDDESC					3.2 NAME		oren				
STREET ADDRESS CITY-ST-ZIP					3.3 STREE						
TITLE	-			DELETE	3.4. CITY - 4.1 TITLE	51-21	<u> </u>			Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET		RESS				ļ*
CITY-ST-ZIP					4.4 CiTy - 5						
TITLE				DELETE	5.1 TITLE					Change	☐ Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET	ADDA	RESS				
CITY-ST-ZIP				C never	5.4 CITY - S	ST - ZIF	,				
TITLE				☐ DELETÉ	6.1 TITLE					Change	Addition
NAME OTOGET ADDRESS					6.2 NAME						
STREET ADORESS					63 STAFET						
CITY-ST-ZIP	ertify that the in	formation eur	rollard with this filing doe	e not qualify for	6.4 CITY-S			action 119 07/9/(i) Florida Statutos	I dualling and	4:4 . 1b =4 bb	

Indicated on this annual report or supplied with this little information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.