2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002086

1. Entity Name
CENTRAL BUILDING SUPPLY & INSTALLATION, INC.

Principal Place of Business	Mailing Address
4335 HOLDEND RD LAKELAND, FL 33811	PO BOX 6469 LAKELAND, FL 33807-6469

DO NOT WRITE IN THIS SPACE

02072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3597145	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

VAN HART, ROBERT H.
1742 E EDGEWOOD DRIVE
LAKELAND, FL 33803

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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 _____   DATE 2/11/04

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCELDRY, BILLY C JR
STREET ADDRESS	4335 HOLDEND RD
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE	VSTD
NAME	MCCELDRY, SUSAN
STREET ADDRESS	4335 HOLDEND RD
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/04-30034-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _Susan McCeldry_   2-7-04   863-607-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #