


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F0000000347
1. Entity Name
STOCK BUILDING SUPPLY, INC.



Principal Place of Business Mailing Address
4403 BLAND ROAD 4403 BLAND ROAD
RALEIGH, NC 27609 RALEIGH, NC 27609

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0163330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD HORD, FENTON N 4403 BLAND ROAD RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINETTE, GARY E 4403 BLAND ROAD RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD O'HALLORAN, DAVID W 4403 BLAND ROAD RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSE, WILLIAM D 4403 BLAND ROAD RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMOLL, DAVID 4403 BLAND ROAD RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/04-80158-016 150.00

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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: *David W. O'Halloran* **DAVE O'HALLORAN** 2-13-04 919-431-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #