


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004353
 1. Entity Name
FAGEN'S BUILDING CENTERS, INC.



Principal Place of Business Mailing Address
PO BOX 658 - 9000 BROOKTREE LANE **P.O. BOX 658**
ATTENTION: LIZ AFFUSO **9000 BROOKTREE ROAD**
WEXFORD, PA 15090 US **WEXFORD, PA 15090**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1618509	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
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000118011 04/19/04-80043-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCPT FAGEN, JACK 9000 BROOKTREE ROAD WEXFORD, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARDEN, GARVIN 9000 BROOKTREE ROAD WEXFORD, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VARGO, SAM 9000 BROOKTREE ROAD WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MASSAGLIA, LOU 9000 BROOKTREE ROAD WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  **SAMUEL J VARGO** 1/20/04 724-935-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #