2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #434686

1. Entity Name
LAPIN SHEET METAL COMPANY

FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

3825 GARDENIA AVE ORLANDO, FL 32839-8655 US Mailing Address

3825 GARDENIA AVE

ORLANDO, FL 32839-8655 US



DO NOT WRITE IN THIS SPACE

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1488755 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAPIN, RONALD J. 3825 GARDENIA AVE ORLANDO, FL 32839

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				, 11 %	THIS STAGE
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				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS	I	***************************************	
NAME STREET ADDRESS CITY-ST-ZIP	PD LAPIN, RONALD J 17800 BONNIE VISTA CT WINTER GARDEN, FL 34787].	. 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPIN, JANET 17800 BONNIE VISTA CT WINTER GARDEN, FL 34787		M (U00000679657 04/03/07-80047-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 of 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.

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR