


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90015 034 ****61.25

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| DOCUMENT # 711591 1. Entity Name IRON WORKERS LOCAL NO. 397 BUILDING COMPANY, INC. |  |
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| Principal Place of Business 10201 HWY 92 E TAMPA, FL 33610 US | Mailing Address PO BOX 18 MANGO, FL 33550 US |
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DO NOT WRITE IN THIS SPACE

02102005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-0481747 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent DEES, EDWARD D. 1901 SPARKMAN RD. PLANT CITY, FL 33566 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BROWN, GRADY L. 6845 FOREST WOOD W LAKELAND, FL 33811 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD DEES, EDWARD D. 1901 SPARKMAN RD PLANT CITY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | .VD. NUNN, THOMAS 7107 W PIERCE HARWELL RD PLANT CITY, FL 33565 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 617, 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: Grady L. Brown Grady L. Brown 2/18/05 813-623-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #