

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 005 ****70.00

40035466

DOCUMENT # 711591

1. Entity Name
IRON WORKERS LOCAL NO. 397 BUILDING COMPANY, INC.



Principal Place of Business
 10201 HWY 92 E
 TAMPA, FL 33610 US

Mailing Address
 PO BOX 18
 MANGO, FL 33550 US

DO NOT WRITE IN THIS SPACE



02062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0481747	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

BROWN, GRADY L
 6845 FORRESTWOOD DRIVE W.
 LAKELAND, FL 33811

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

Filing Fee is \$61.25 Due by May 1, 2007

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	PO JARRELL, GREGORY J 8502 PELICAN LANE SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, GRADY L 6845 FORRESTWOOD DRIVE W. LAKELAND, FL 33811
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 exemptions contained in Chapter 119, 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, Business Manager 2/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #