


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 228206</b>	
1. Entity Name <b>SPRING LOCK SCAFFOLDING INC</b>	

Principal Place of Business <b>10409 NORTH FLA AVENUE TAMPA, FL 33612</b>	Mailing Address <b>2600 N 2ND ST PHILADELPHIA, PA 19133 US</b>
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0882990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LEMUS, MARTHA  
10409 N FLORIDA AVE  
TAMPA, FL 33612**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPOPORT, ERNEST 1250 GRRENWOOD AVENUE JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAPOPORT, RANDY 220 WEST RITTENHOUSE SQ. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAPOPORT, JEFFREY 458 NORTH APPLETREE LANE LAF HILL, PA 19444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATZ, PAULA 901 ARTIS ROAD PLYM MTG, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80136-017 150.00

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 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:** Paula Katz 4/13/07 215 426 1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #