## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 228207** 

FILED Jan 29, 2009 Secretary of State

Entity Name: SPRING LOCK SCAFFOLDING OF WEST FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business:

5090 ULMERTON ROAD CLEARWATER, FL 346204001

Current Mailing Address: New Mailing Address:

2600 N 2ND ST PHILADELPHIA, PA 19133 US

FEI Number: 59-0884279 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEMUS, MARTHA 10409 N. FLORIDA AVE. TAMPA, FL 33614 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete

 Name:
 RAPOPORT, ERNEST

 Address:
 1250 GREENWOOD AVENUE

 City-St-Zip:
 JENKINSTOWN, PA 19046

 Title:
 VP
 ( ) Delete

 Name:
 RAPOPORT, RANDY

 Address:
 2600 N 2ND ST

City-St-Zip: PHILADELPHIA, PA 79133

 Title:
 SD
 ( ) Delete

 Name:
 RAPOPORT, JEFFREY

 Address:
 458 NORTH APPLETREE

 City-St-Zip:
 LAF HILL, PA 19444

Title: TD ( ) Delete Name: KATZ, PAULA

Address: 901 ARTIS ROAD

City-St-Zip: PLYM MTG, PA 19462

Title: TD (X) Change ( ) Addition

Name: RAPOPORT, MITCHELL
Address: 1002 VALLEY GLEN ROAD
City-St-Zip: ELKINS PARK, PA 19027

Title: SD (X) Change () Addition

Name: RAPOPORT, RANDY Address: 2600 N 2ND ST

City-St-Zip: PHILADELPHIA, PA 79133

Title: PD (X) Change ( ) Addition Name: RAPOPORT, JEFFREY Address: 458 NORTH APPLETREE LANE

Address: 458 NORTH APPLETREE LANE City-St-Zip: LAFAYETTE HILL, PA 19444

Title: VPD (X) Change ( ) Addition

Name: KATZ, PAULA

Address: 901 ARTIS ROAD

City-St-Zip: PLYM OUTH MEETING, PA 19462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA KATZ VPD 01/29/2009