


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 234935</b>	
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1. Entity Name  
**SPRING-LOCK SCAFFOLDING & EQUIPMENT CO**

Principal Place of Business <b>2110 SOUTH US RTE 1 ROCKLEDGE, FL 32955-3727</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>59-0902753</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEMUS, MARTHA  
10409 FLORIDA AVENUE  
TAMPA, FL 33612**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	PD RAPOPORT, EARNEST 1250 GREENWOOD AVENUE JENKINSTON, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAPOPORT, RANDY 220 WEST RITTENHOUSE SQ. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAPOPORT, JEFFREY 458 NORTH APPLETREE LAF HILL, 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	

**DO NOT WRITE  
IN THIS SPACE**

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05/01/07-80136-022 150.00

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

2154261605

Daytime Phone #