2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #617532 02-12-2007 90110 001 ***158.75 ALL-COUNTY SHEET METAL, INC. Principal Place of Business Mailing Address 1930 7TH COURT NORTH 1930 7TH COURT NORTH LAKE WORTH, FL 33461 US LAKE WORTH, FL 33461 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For 59-1897354 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DAVIS, RONALD, L Street Address (P.O. Box Number is Not Acceptable) 5651 CHASE COURT WEST PALM BEACH, FL 33415 Zip Code 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: flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, RONALD L NAME NAME 5651 CHASE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DAVIS, KATHLEEN J NAME NAME STREET ADDRESS 5651 CHASE COURT STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL CITY-ST-70P ☐ Detete TITLE TITLE **Z** Change TRASPORT, JAMES L 1393 Summer Sky LANE ☐ Addition TRASPORT, JAMES, L. NAME NAME STREET ADDRESS 2347 PINECREST COURT STREET ADDRESS GREENACNES . FL 33463 CITY-ST-ZIP W PALM BEACH, FL CITY-ST-ZIP TATLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Feb 12, 2007 8:00 am