


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 617532</b>	
1. Entity Name <b>ALL-COUNTY SHEET METAL, INC.</b>	

Principal Place of Business <b>1930 7TH COURT NORTH LAKE WORTH, FL 33461 US</b>	Mailing Address <b>1930 7TH COURT NORTH LAKE WORTH, FL 33461 US</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1897354</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, RONALD, L  
5651 CHASE COURT  
WEST PALM BEACH, FL 33415**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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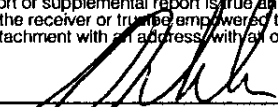
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RONALD L 5651 CHASE COURT WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, KATHLEEN J 5651 CHASE COURT WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRASPORT, JAMES, L 6393 SUMMER SKY LANE GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/05/08-80018-001 158.75

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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 any other like empowered.

**SIGNATURE:**  **2/14/08** **1-561-588-0099**

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