


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 711200 1. Entity Name IRON WORKERS LOCAL NO. 808 BUILDING COMPANY, INC.					
Principal Place of Business 200 EAST LANDSTREET RD. ORLANDO, FL 32824			Mailing Address 200 EAST LANDSTREET RD. ORLANDO, FL 32824		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1093386	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHAMBLEE, MILES & GRIZZARD, P.A. ATTN: JOHN CHAMBLEE 202 CARDY ST. TAMPA, FL 33606-9360				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Henry W. Kendrick</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>2-18-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFT KENDRICK, HENRY W 416 JEFFERS STREET DELTONA, FL 32725		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DVORAK, STANLEY J., JR. 617 MORROCO AVE. ORLANDO, FL 32807,		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDB PARKER, MASON A 3525 CALLOWAY DRIVE ORLANDO, FL 32810		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <i>Henry W. Kendrick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>2-18-05</i> <small>Date Daytime Phone #</small>	