

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 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



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1093386	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EGAN, LEV & SIWICA P.A.
ATTN: TOBI LEV
231 EAST COLONIAL DRIVE
ORLANDO, FL 32801

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DFT
NAME	KENDRICK, HENRY W
STREET ADDRESS	416 JEFFERS STREET
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	RSD
NAME	HALE, MICHAEL L.
STREET ADDRESS	465 STURBRIDGE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	PDB
NAME	SCHMITZ, BENJAMIN R
STREET ADDRESS	10610 SUNBURST VIEW DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08

Date

Daytime Phone # _____