## 2008 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

SIGNATURE:

ATUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 31, 2008 08:00 A Secretary of State DOCUMENT # G04745 1. Eptily Name PALM BEACH SHEET METAL, INC. Principal Place of Business Mailing Address 8360 GARDEN RD #E-5 3860 GARDEN RD #E-5 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2243617 Not Applicable Zıp Country Ζιρ 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 Name **DITOCCO JERRY** Street Address (P.O. Box Number is Not Acceptable) 11759 RIVERCHASE RUN WPB FL 33412 City 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 Hamiliot my storod agent april the it applicable (NOTE: Registered Agent alignature raquiren which rolinitatirig) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change Addition DITOCCO, JERRY NAME NAME STREET ADDRESS 11759 RIVERCHASE RUN STREET ADDRESS U00000806799 02/06/08-80056-017 150.00 CITY - ST- ZIP W PALM BCH FL CITY+ST- ZIP Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE F TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 charged, or on an attachment with an address, with all other like empowered.

Day: no Front #