

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90173 008 \*\*\*150.00

**DOCUMENT # G14672**

1. Entity Name  
**OHRT'S QUALITY ALUMINUM CONSTRUCTION, INC.**



Principal Place of Business  
**1515 PROSPECT DR  
SEBRING, FL 33870 US**

Mailing Address  
**1515 PROSPECT DR  
SEBRING, FL 33870 US**

40001000



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1568947**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCCOLLUM & JOHNSON PA  
129 S COMMERCE AVE  
SEBRING, FL 33870**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SOLYNTJES, JENNIFER A.  
1515 PROSPECT  
SEBRING, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
OHRT, JAMES E.  
212 KITE STREET  
SEBRING, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OHRT, FLORENE L  
1700 JERI KAY LANE  
SEBRING, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SOLYNTJES, THOMAS M  
1515 PROSPECT  
SEBRING, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OHRT, EVERETT R.  
1700 JERI KAY LANE  
SEBRING, FL**

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 607, 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:**

*Jennifer Solyntjes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-07 863-385-2302