

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # J81194

1. Entity Name
EXTERM-A-TECH, INC.



Principal Place of Business

**3521 1ST AVE NORTH
ST. PETERSBURG, FL 33713-8401 US**

Mailing Address

**3521 1ST AVE NORTH
ST. PETERSBURG, FL 33713-8401 US**



03272008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2818713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHELTON, SHARON L
4670 - 38TH AVENUE NORTH
ST PETERSBURG, FL 33713-1019**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000874048
04/10/08-80103-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
SHELTON, SHARON L.
4670 38TH AVENUE NORTH
ST. PETERSBURG, FL 337131019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHELTON, STEPHEN E
4357 14TH WAY NE
ST. PETERSBURG, FL 33703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Sharon Shelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-08 (727) 327-3635