2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K57925

1. Entity Name
STRUCTURAL MODIFICATION AND REPAIR TECHNICIANS, INC.

Principal Place of Business	Mailing Address
% JEFFREY L. PETERSON 509 LIVE OAK ST. EDGEWATER, FL 32132	% JEFFREY L. PETERSON 509 LIVE OAK ST. EDGEWATER, FL 32132

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2872399
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, JEFFREY L.
509 LIVE OAK ST.
EDGEWATER, FL 32132

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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: _____ 4-30-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	PETERSON, JEFFREY
STREET ADDRESS	141 HAZELWOOD RIVER RD.
CITY-ST-ZIP	EDGEWATER, FL
TITLE	P
NAME	MUNDELL, GEORGE THEO
STREET ADDRESS	240 VILLA WAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	VP
NAME	PETERSON, BRIAN S
STREET ADDRESS	208 DUNE CIRCLE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80064-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-30-04 386-426-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #