

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57925

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** STRUCTURAL MODIFICATION AND REPAIR TECHNICIANS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2872399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: PETERSON, JEFFREY  
Address: 141 HAZELWOOD RIVER RD.  
City-St-Zip: EDGEWATER, FL

Title: P  
Name: MUNDELL, GEORGE THEO  
Address: 240 VILLA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP  
Name: PETERSON, BRIAN S  
Address: 206 DUNE CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIN ALEXANDER

ACCT

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date