

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-12-2008 90028 017 ****70.00

DOCUMENT # N07000009962 1. Entity Name SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL #435 INC					
Principal Place of Business 1435 NALDO AVENUE JACKSONVILLE, FL 32207 US			Mailing Address 1435 NALDO AVENUE JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0250953 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, JOHN C 1435 NALDO AVENUE JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREWS, ROLAND O <input type="checkbox"/> Delete 1435 NALDO AVENUE JACKSONVILLE, FL 32207			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLUNG, WILLIAM E <input type="checkbox"/> Delete 1435 NALDO AVENUE JACKSONVILLE, FL 32207			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARKER, JOHN C <input type="checkbox"/> Delete 1435 NALDO AVENUE JACKSONVILLE, FL 32207			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, JAMES A RECSEC <input type="checkbox"/> Delete 1435 NALDO AVENUE JACKSONVILLE, FL 32207			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u>John C Parker</u> JOHN C PARKER <u>4-24-08</u> <u>904-398-1838</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					