2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90026 044 ****61.25

DOCUMENT # N27433

1. Entity Name

FLORIDA SMACNA, INC.

Principal Place of Business	Mailing Address
6767-N WICKHAM RD 400 BB MELBOURNE FL 32940 US	6767-N WICKHAM RD 400 BB MELBOURNE FL 32940 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2949075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARR, SUSAN 6767 NORTH WICKHAM ROAD, STE. 400 MELBOURNE FL 32940	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD MORRELL, JOHN P 5402 W LINEBAUGH AVE TAMPA FL 33624	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~PD TAMMARO, ERNIE 14945 NW 25TH CT OPA LOCKA FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ernie Tammaro 14945 NW 25th Court OPA LOCKA, FL 33054 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~TDV ~~LADIN~~, RON LAPIN 3825 GARDENIA AVE ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RON LAPIN 3825 Gardenia Ave Orlando, FL 32839 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.T.D. Wayne Bozer 5217 NE Shore Village Terrace Stuart, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Wayne Bozer 5217 NE Shore Village Terrace Stuart, FL 34996 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: E. Tammaro ITS PRESIDENT 01/30/04 (305)685-3526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #