

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90197 015 ****61.25

DOCUMENT # N27433

1. Entity Name
FLORIDA SMACNA, INC.



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

Mailing Address
6767-N WICKHAM RD
400 BB
MELBOURNE, FL 32940 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

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

KARR, SUSAN
6767 NORTH WICKHAM ROAD, STE. 400
MELBOURNE, FL 32940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE NAME	PD LAPIN, RON	☐ Delete
STREET ADDRESS	3825 GARDENIA AVE	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE NAME	VPD CARVER, RALPH	☐ Delete
STREET ADDRESS	2730 EUNICE AVE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE NAME	STD LEE, JAMES	☐ Delete
STREET ADDRESS	106 MASTERS DRIVE	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD LEE, JAMES	☒ Change ☐ Addition
STREET ADDRESS	106 MASTERS DRIVE	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE NAME	VPD SINCLAIR, MARY	☒ Change ☐ Addition
STREET ADDRESS	2220 1ST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33712	
TITLE NAME	STD CARVER, RALPH	☒ Change ☐ Addition
STREET ADDRESS	2730 EUNICE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec-Treas

1-10-07

Date

407-295-0220

Daytime Phone #