

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000307

1. Entity Name
**SHEET METAL WORKERS LOCAL 435 LAND COMPANY,
INC.**



Principal Place of Business
**1435 NALDO AVENUE
JACKSONVILLE, FL 32207**

Mailing Address
**1435 NALDO AVENUE
JACKSONVILLE, FL 32207**



02092006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3499372

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KATTMAN, JOHN F
4069 ATLANTIC BLVD
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOLLER, BOYCE D
232 NORTH ROSCOE BOULEVARD
PONTE VEDRA, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CREWS, R.D.
4390 TARRAGON AVE
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SHORE, JOHN G
3222 FRUITWOOD LANE
JACKSONVILLE, FL 32277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRABTREE, CHARLES JR.
8151 CESPEDDES AVE
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MST
PARKER, JOHN C
9158 HECKSCHRE DRIVE
JACKSONVILLE, FL 32226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DRESSEL, DAVID
1711 BARTRAM CIRCLE EAST
JACKSONVILLE, FL 32207**

000000465384
03/22/06-80031-017 70.00

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IN THIS SPACE**

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

Date

Daytime Phone #