


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 005 ****70.00

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		
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	01242007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3499372				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATTMAN, JOHN F 4069 ATLANTIC BLVD JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME HOLLER, BOYCE D STREET ADDRESS 232 NORTH ROSCOE BOULEVARD CITY-ST-ZIP PONTE VEDRA, FL 32082	<input type="checkbox"/> Delete		TITLE DS NAME James A. Hunt STREET ADDRESS 4332 Hatfield Court CITY-ST-ZIP Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME CREWS, R.D. STREET ADDRESS 4390 TARRAGON AVE CITY-ST-ZIP MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete		TITLE D NAME Jesse O. Green, Jr. STREET ADDRESS 3727 Peach Drive CITY-ST-ZIP Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME SHORE, JOHN G STREET ADDRESS 3222 FRUITWOOD LANE CITY-ST-ZIP JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete		TITLE D NAME Lance E. Fout STREET ADDRESS 5912 Jim Tom Drive CITY-ST-ZIP Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CRABTREE, CHARLES JR. STREET ADDRESS 8151 CESPEDDES AVE CITY-ST-ZIP JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MST NAME PARKER, JOHN C STREET ADDRESS 9158 HECKSCHRE DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DRESSEL, DAVID STREET ADDRESS 1711 BARTRAM CIRCLE EAST CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" 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: <i>John C Parker</i> 1/25/07 904-398-1838					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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