

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90104 004 \*\*\*\*70.00

<b>DOCUMENT # N98000000307</b>					
<b>1. Entity Name</b> SHEET METAL WORKERS LOCAL 435 LAND COMPANY, INC.					
<b>Principal Place of Business</b> 1435 NALDO AVENUE JACKSONVILLE, FL 32207			<b>Mailing Address</b> 1435 NALDO AVENUE JACKSONVILLE, FL 32207		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3499372	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KATTMAN, JOHN F 4069 ATLANTIC BLVD JACKSONVILLE, FL 32207		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <input type="checkbox"/> <b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> HOLLER, BOYCE D <b>STREET ADDRESS</b> 232 NORTH ROSCOE BOULEVARD <b>CITY-ST-ZIP</b> PONTE VEDRA, FL 32082	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> CREWS, ROLANDO <b>STREET ADDRESS</b> 4390 TARRAGON AVE <b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> CREWS, R.D. <b>STREET ADDRESS</b> 4390 TARRAGON AVE <b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> MCCLUNG, WILLIAM E <b>STREET ADDRESS</b> 1435 NALDO AVENUE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> HUNT, JAMES A <b>STREET ADDRESS</b> 4232 HATFIELD CT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GREEN, JR., JESSE O <b>STREET ADDRESS</b> 3727 PEACH DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32241	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MST <b>NAME</b> PARKER, JOHN C <b>STREET ADDRESS</b> 9158 HECKSCHRE DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FOUT, LANCE E <b>STREET ADDRESS</b> 1512 JIM TOM DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>John C Parker</u> <b>JOHN C. PARKER</b> <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>					