

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000307

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

1435 NALDO AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1435 NALDO AVENUE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3499372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CREWS, ROLANDO
Address: 4390 TARRAGON AVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPD () Delete
Name: MCCLUNG, WILLIAM E
Address: 1435 NALDO AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: HUNT, JAMES A
Address: 4232 HATFIELD CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: GREEN, JR., JESSE O
Address: 3727 PEACH DR
City-St-Zip: JACKSONVILLE, FL 32241

Title: MST () Delete
Name: PARKER, JOHN C
Address: 9158 HECKSCHRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: FOUT, LANCE E
Address: 1512 JIM TOM DR
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. PARKER

MST

03/24/2009

Electronic Signature of Signing Officer or Director

Date