


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90147 038 ***150.00

DOCUMENT # P02000052545		
1. Entity Name S & B METAL PRODUCTS OF EAST FLORIDA, INC.		
Principal Place of Business 5301 GATEWAY BOULEVARD LAKELAND, FL 33811	Mailing Address 5301 GATEWAY BOULEVARD LAKELAND, FL 33811	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BALLIETTE, PAUL R 799 FREELING DR SARASOTA, FL 34242		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLIETTE, PAUL R 799 FREELING DRIVE SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BALLIETTE, CINDY 799 FREELING DRIVE SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, MARIANNE 2060 CASE PKWY TWINSBURG, OH 44087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XP CAMPBELL, STEPHEN R 2936 GRASSLANDS DR LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <u>Marianne King</u> , MARIANNE KING, ASST. SECRETARY 4/27/04 330-487-5790 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0088316

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**