2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P02000117381 Apr 02, 2007 08:00 AM **Secretary of State** S & L SHEET METAL, INC. Principal Place of Business Mailing Address 650 FAIRVILLA ROAD ORLANDO FL 32811 650 FAIRVILLA ROAD ORLANDO FL 32811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3129770 Not Applicable Zip: - --Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LENZI, STEPHEN D 6655 WESTMONT DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 City Zip Codo 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** 11116 ☐ Delete TITLE ☐ Change Addition LENZI, STEPHEN D NAME NAMI U00000686681 6655 WESTMONT DRIVE STREET ADORESS STREET ADORESS 04/10/07-80007-022 150.00 ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-7IP HILL Delete IIIE ☐ Change Addition LENZI, STEPHEN D NAMI 6655 WESTMONT DRIVE STHEET LADDRESS SIRIET ADDRESS ORLANDO FL 32835 CHY-ST-ZIP CHY-ST-7IP HH Delete ШП ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - S1 - ZIP TITLE Delete ☐ Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP ш Delete III); Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C(1Y+S(-7)P CITY-ST-ZIP IIIIE ☐ Delete 1000 Cliange ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustog impowered 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 officers, with all other like empowered.