2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000142931

1. Entity Name
ARCHITECTURAL SHEET METAL MFG, INC.

Principal Place of Business	Mailing Address
6625 MILLS RD ORLANDO, FL 32810	P.O. BOX 560623 ORLANDO, FL 32856-0623 US

02212006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0412671	Applied For
	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIERCE, NELSON C III
6625 MILLS RD
ORLANDO, FL 32810

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	PIERCE, NELSON C III
STREET ADDRESS	2413 SHEFFIELD AVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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03/18/06-80005-017 150.00

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IN THIS SPACE

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 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: _Nelson C Pierce III_ — NELSON C. PIERCE III   3-3-06   407-822-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #