


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000029005**  
 1. Entity Name  
**ARCHITECTURAL METAL PRODUCTS, INC.**



Principal Place of Business <b>1315 ARMORY DRIVE NE          PALM BAY, FL 32907 US</b>	Mailing Address <b>1315 ARMORY DRIVE          PALM BAY, FL 32907 US</b>
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**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3235164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ROBERT E REESE  
 1315 ARMORY DR NE  
 PALM BAY, FL 32907**

**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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000600958  
 01/26/07-80030-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REESE, ROBERT E 1315 ARMORY DR NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REESE, MARYANN 1315 ARMORY DR. PALM BAY, FL 32907
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**DO NOT WRITE 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:** MaryAnn Reese **MARYANN REESE** 01-21-07 321-794-5499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #