


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000040183**

1. Entity Name  
**ARCHITECTURAL SHEET METAL OF NAVARRE, INC.**



Principal Place of Business      Mailing Address

**8109 EAST BAY BLVD**      **P.O. BOX 5371**  
**NAVARRE, FL 32566 US**      **NAVARRE, FL 32566 US**

**DO NOT WRITE IN THIS SPACE**



04272007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-3243447**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERZOG, DOUG**  
**8840 SAND PINE DR**  
**NAVARRE, FL 32566**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERZOG, DOUG
STREET ADDRESS	8840 SANDPINE DR
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	S
NAME	WOLFGRAM, MARVIN
STREET ADDRESS	1790 THRESHER
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Doug Herzog*      April 30 2007      850.939.0882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**DOUG HERZOG**