2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000074346

MURTAUGH, RAYMOND J

ST PETERSBURG, FL 33714

4450-60TH AVE N

Name:

Address:

City-St-Zip:

Entity Name: SRT SUPPLY, INC

FILED Nov 30, 2007 Secretary of State

Littly Na	ille. SKI SUF	-FLI, IIN	ے.		
Current Principal Place of Business:				New Principal Place of Business:	
	HAVENUE, N. RSBURG, FL	33714	US		
Current Mailing Address:				New Mailing Address:	
	H AVENUE, N. RSBURG, FL	33714	US		
FEI Number	: 59-3281291	FEI Nu	mber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current I	Registered Agent:	Name and Address o	f New Registered Agent:
	HN B III H. AVE NORTH RSBURG, FL		US		
	e named entity e of Florida.	submits [.]	his statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:				
	Electron	nic Signa	ture of Registered Ag	ent	Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (WIER, JOHN B 4450 60TH AVI ST. PETERSBU	ENUE, NOI	RTH	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PVST (WIER, JOHN B 4450 60TH AVI ST. PETERSBU	ENUE,N.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD (X WIER, JACK B 4450 60TH AVI ST. PETERSBU	ΕN	3714	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VP (X) Delete		Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN B. WIER, III PRES 11/30/2007