

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90034 036 \*\*\*150.00

**60018939**



<b>DOCUMENT # P96000048773</b> 1. Entity Name <b>SUNMETALS AND SUPPLY OF ST. PETERSBURG, INC.</b>					
Principal Place of Business <b>6554 44TH STREET N 1005 PINELLAS PARK, FL 33781</b>			Mailing Address <b>6554 44TH STREET N 1005 PINELLAS PARK, FL 33781</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0670483</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROSENBERG, ARTHUR R 916 S E 16 STREET DEERFIELD BEACH, FL 33041</b>				7. Name and Address of New Registered Agent Name <b>Norris, Michael J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6554 44th Street North, #1005</b> City <b>Pinellas Park</b> <b>FL</b> Zip Code <b>33781</b>	
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 <i>X [Signature]</i> DATE <b>X 2-20-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME <input type="checkbox"/> Delete <b>P NORRIS, DAVID</b> STREET ADDRESS <b>5953 48TH AVE NORTH</b> CITY-ST-ZIP <b>KENNETH CITY, FL 33709</b>			TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b>		
TITLE NAME <input type="checkbox"/> Delete <b>VP NORRIS, MICHAEL</b> STREET ADDRESS <b>1820 OAK STREET NORTH</b> CITY-ST-ZIP <b>CLEARWATER, FL 33760</b>			TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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: <i>X [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>x2-20-07</b> Daytime Phone # <b>727 5287100</b>		