2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000048773

1. Entity Name
SUNMETALS AND SUPPLY OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
6554 44TH STREET N	6554 44TH STREET N
1005	1005
PINELLAS PARK, FL 33781	PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE

01202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0670483	Not Applicable

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

6. Name and Address of Current Registered Agent

NORRIS, MICHAEL J
6554 44TH ST. N, #1005
PINELLAS PARK, FL 33781

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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, 2008 Fee will be $550.00

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

U000000923341
05/16/08-80026-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	NORRIS, DAVID
STREET ADDRESS	5953 48TH AVE NORTH
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	P
NAME	NORRIS, MICHAEL
STREET ADDRESS	1820 OAK STREET NORTH
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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:X _____   x 3-13-08   x 727 518-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #