

# ANNUAL REPORT (AR)

DOCUMENT # P97000102198

1. Entity Name

SOUTH FLORIDA SHEET METAL, INC.



**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

5264 NORTHWEST 163RD STREET  
MIAMI LAKES FL 33014

Mailing Address

5217 NE SHORE VILLAGE TERR.  
STUART FL 34996  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number **65-0796305**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOZER, WAYNE  
5217 NE SHORE VILLAGE TERR.  
STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00**

**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DPST**  
STREET ADDRESS **BOZER, WAYNE**  
CITY- ST- ZIP **5217 NORTHEAST SHORE VILLAGE TERRACE**  
**STUART FL 34996**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**000000771125**  
**08/01/07-80005-022 550.00**

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **WOODS, HAROLD**  
CITY- ST- ZIP **9600 NW 10TH STREET**  
**PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 on an attachment with an address, with all other like empowered.

DATE OF SIGNING OFFICER OR DIRECTOR

**7/19/07 954 647 6457**  
Date Daytime Phone #