2008 FOR PROFIT CORPORATION

Apr 18, 2008 8:00 am Secretary of State ANNUAL REPORT 04-18-2008 90028 011 ***150.00 DOCUMENT # P98000008661 SOUTHEASTERN DOOR AND METAL SERVICES, INC. Principal Place of Business Mailing Address 40071466 4100 FLORAMAR TER 4100 FLORAMAR TER NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04162008 Cha-P City & State City & State 4. FEI Number Applied For 59-3490714 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDLEY, DENISE Street Address (P.O. Box Number is Not Acceptable) 4100 FLORAMAR TERR NEW PORT RICHEY, FL 34652 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change ☐ Addition FOWLER, JOHN NAME NAME STREET ADDRESS 104 S HIMES AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-7IP Pres. & V. Pres David Hendley Change ☐ Delete TITLE TITLE ☐ Addition HENDLEY, DAVID NAME NAME 4100 Floramar terrace 4100 FLORAMAR TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP MPR FL 3445 2 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENDLEY, DENISE NAME NAME 4100 FLORAMAR TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TOLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attact

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4/16/08

727-232-0174

Change Change

☐ Addition

FILED