

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000055583

1. Entity Name
FLORIDA EXTRUDERS INTERNATIONAL, INC.



Principal Place of Business
**2540 JEWETT LANE
SANFORD, FL 32771 US**

Mailing Address
**2540 JEWETT LANE
SANFORD, FL 32771 US**



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2952050

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000689391

04/11/07-80034-005 159.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTCD LEHMAN, JOEL G 3117 PENWA CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELRAD, MARTIN H 6937 LAKE ESTATE COURT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEHMAN, MARVA A 3117 PENWA CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHAN, DAVID L 25011 DUFFIELD BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YANOWITZ, BENNETT 1301 E 9TH STREET CLEVELAND, OH 44114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MOORE, EARL S 2540 JEWETT LANE SANFORD, FL 32771

**DO NOT WRITE
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:

Joel Lehman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/07 407 323 3300