2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000027820

1. Entity Name
TURNBOW SHEET METAL, INC.



FILED Mar 25, 2004 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

8149 PORTULACA AVENUE SEMINOLE, FL 33777 8149 PORTULACA AVENUE SEMINOLE, FL 33777



03222004

No Chg-P

CR2E034 (10/03)

| 4. FEI Number | Applied For | | | |
|----------------------------------|-------------|-----------------------------------|--|--|
| 59-3570558 | | Not Applicab | | |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

BOYDSTON DABROSKI LYLE AND WOOD 2639 ML KING BV 9TH ST N PO BOX DRAWER 76387 ST PETE, FL 33734

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| IN | THIS | SPACE |

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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 Life is | fapplicable (NOTE Reg | istored Agent signature | required when reinstalling) | DATE | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign F Trust Fund Contribut | | \$5.00 May Be Added to Fees | U00000096529 | | | |
| 10. | OFFICERS AND DIREC | TORS | | | ************************************* | 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNBOW, RICHARD H 8149 PORTULACA AVENUE SEMINOLE, FL 33777 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNBOW, BARBARA JEAN 8149 PORTULACA AVENUE SEMINOLE, FL 33777 | <u>.</u> | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | · · · · · · · · · · · · · · · · · · · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE | | | |
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| TITLE NAME STHEET ADDRESS CITY-ST-ZIP | | | | | | | | |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath; 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. | | | | | | | | |
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