

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 016 ***550.00

DOCUMENT # P99000075490

1. Entity Name
TURA'S SHEET METAL FABRICATION, INC.



Principal Place of Business
461 23RD AVENUE NORTH
ST. PETERSBURG, FL 33704

Mailing Address
461 23RD AVENUE NORTH
ST. PETERSBURG, FL 33704

24080845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3595690

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

CARDOZA, DOUGLAS J
461 23RD AVENUE NORTH
ST. PETERSBURG, FL 33704

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 reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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
NAME
STREET ADDRESS
CITY- ST- ZIP
P
TURA, ANTHONY M
131 52ND ST S
SAINT PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
7000-42-1202 N
ST PETERSBURG FL 33710 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
TURA, JOSEPH JR
4211 BURLINGTON AVE N
SAINT PETERSBURG, FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
6400-38-1202 N
ST. Petersburg FL 33710 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
CARDOZA, DOUGLAS J
461 23RD AVE N
SAINT PETERSBURG, FL 33704 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #