

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # S23682

1. Entity Name
ORNAMENTAL DESIGN IRONWORKS, INC.



Principal Place of Business
4706 FALKENBURG ROAD
TAMPA, FL 33610

Mailing Address
4706 FALKENBURG ROAD
TAMPA, FL 33610



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3055796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CURRY, CLIFTON C., JR.
420 W. BRANDON BLVD.
BRANDON, FL 33511

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WARD, MICHAEL J 6828 MUCK POND ROAD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, MICHAEL J 6828 MUCK POND ROAD SEFFNER, FL 32584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, CYNTHIA L 6828 MUCK POND RD SEFFNER, FL 33584
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/08-80046-009 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

Date

813 626-8449

Daytime Phone #