

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V51847

1. Entity Name
GENERAL SHEET METAL WORKS, INC.



Principal Place of Business
**7374 CENTRAL IND. DR
BAY #3
RIVIERA BEACH, FL 33404 US**

Mailing Address
**7374 CENTRAL IND. DR.
BAY #3
RIVIERA BEACH, FL 33404 US**



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0344396

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HICKMAN, WILLIAM A.
7374 CENTRAL INDUSTRIAL DR
BAY #3
RIVIERA BEACH, FL 33404**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HICKMAN, ROBERT P.
STREET ADDRESS	15360 118 TERR
CITY-ST-ZIP	JUPITER, FL
TITLE	D
NAME	HICKMAN, WILLIAM A.
STREET ADDRESS	7374 CENTRAL INDUSTRIAL DRIVE #3
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	KLINE, ROBERT M.
STREET ADDRESS	11403 88TH RD. NORTH
CITY-ST-ZIP	LAKE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000062412
02/23/04-80119-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *William A. Hickman* **William A Hickman** 2-10-04 Sep-844-66611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President