

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 021 ***150.00

DOCUMENT # V66771

1. Entity Name
SUNBELT SCAFFOLDING & SUPPLY, INC.



Principal Place of Business
**2090 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US**

Mailing Address
**2090 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US**

40047456



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3147486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARDSON, JOHN W
2090 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**

**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 *John W. Richardson* **PRESIDENT John W. Richardson 3/31/06**
(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, 2006 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	P RICHARDSON, JOHN W 2090 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORRIE SHUE 2090 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804
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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: *John W. Richardson* **John W. Richardson 3/31/06 407 244-5556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #