# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID G. BOWLES

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P07000022407

### Entity Name: A AND D ARCHITECTURAL PRODUCTS INC

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

6913 SHELDON RD TAMPA, FL 33615

#### **Current Mailing Address:**

4608 S. SHAMROCK RD. TAMPA, FL 33611

#### FEI Number: 20-8416194

#### Name and Address of Current Registered Agent:

PITTS, STEPHANIE 860 24TH AVE N ST PETE, FL 33704 US

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	Р	Title	V
Name	BOWLES, DAVID	Name	HORRELL, ADDISON
Address	4608 S. SHAMROCK RD	Address	4412 MC ELROY AVE
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611

Certificate of Status Desired: No

FILED Jan 21, 2013 Secretary of State CC7511734789

Date

Date

01/21/2013

PRESIDENT