

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90324 035 \*\*\*150.00



**DOCUMENT # P03000029983**  
 1. Entity Name  
 ACM FABRICATION, INC.

Principal Place of Business  
 2011 NW MARTIN LUTHER KING AVE  
 OCALA, FL 34475

Mailing Address  
 211 NW 133RD COURT  
 OCALA, FL 34482

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number  
 05-0558768 Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
 CAMP, DENNIS D  
 351 N.E. 8TH AVENUE  
 OCALA, FL 34470

7. Name and Address of New Registered Agent  
 Name *Arnold, Carl F.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*221 NW. 133rd. Court*  
 City *Ocala, FL* Zip Code *34482*

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 *Carl F. Arnold* *Carl F. Arnold* DATE *04-28-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	ARNOLD, STEPHANIE A	
STREET ADDRESS	221 N.W. 133RD CT.	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	VST	<input type="checkbox"/> Delete
NAME	ARNOLD, CARL F	
STREET ADDRESS	221 N.W. 133RD COURT	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Stephanie A. Arnold* *Stephanie A. Arnold* DATE *04-28-06* 3526292558  
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #