

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90008 043 \*\*\*150.00

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04262007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000029983					
1. Entity Name ACM FABRICATION, INC.					
Principal Place of Business 2011 NW MARTIN LUTHER KING AVE OCALA, FL 34475			Mailing Address 221 NW 133RD COURT OCALA, FL 34482		
2. Principal Place of Business - No P.O. Box # 221 NW 133rd CT Suite, Apt. #, etc.		3. Mailing Address 221 NW 133rd CT Suite, Apt. #, etc.			
City & State Ocala, FL. 34482		City & State Ocala, FL. 34482		4. FEI Number 05-0558768	
Country Marion		Country Marion		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNOLD, CARL F 221 NW 133RD CT OCALA, FL 34482			7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOLD, STEPHANIE A		NAME		
STREET ADDRESS	221 N.W. 133RD CT.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOLD, CARL F		NAME		
STREET ADDRESS	221 N.W. 133RD COURT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Stephanie A Arnold</i>			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Telephone # _____		