## FILED Apr 29, 2005 8:00 am

2005	FOR PROFIT CORPORATION
	ANNUAL REPORT

ANNUAL REPURI							Secretary of State				
DOCUMENT # P04000031001						04-29-2005 90206 031 ***150.00					
ALL METAL FABRICATORS & WELDING, INC.											
Principal Place	e of Business	<u> </u>	Mailing Address				İ				
1613 55TH STREET SOUTH GULFPORT, FL 33707		1613 55TH STREET SOUTH GULFPORT, FL 33707					ita <b>u z</b> ion itios Ji	D11 PB/(1 GW) V1 (1W			
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092005	Chg-P	CR2E	034 (10/03)			
City & State			City & State				4. FEI Numbe	-0750	931	<u> </u>	plied For t Applicable
Zip 		Country	Zip	try		<u> </u>	of Status Desired		\$8.75 Add Fee Required		
	5. Name	and Address of Current F	Registered Agent		Name		7. Name and	Address of New F	Registered	Agent	
RONEY LUCIER, EILEEN M 1613 55TH STREET SOUTH				Street Address (P.O. Box Number is Not Acceptable)							
GULFPORT, FL 33707											
					City	-		·	FL	Zip Cod	e
8. The above	named entit	y submits this statement for	rife purpose of changing its	register	ed office or	register	red agent, or bott	n, in the State of Fl	orida. I am	familiar with,	and accept
the obligat	ione or regis:	tered agent.	ONO L		)						
SIGNATURE Signature, typed or printed name of registered agent and title if population. (NOTE: Registered Agent signature required when reinsta									DATE		
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											:
10.		OFFICERS AND	DIRECTORS	11.				CHANGES TO OFF	ICERS AN	DIRECTOR:	S IN 11
TITLE	D	TO DONALD I	☐ Delete	TITL		PRE	SIDENT			Change	☐ Addition
name Street address	MARRINER, DONALD J 1613 55TH STREET SOUTH			NAM STRE	EET ADORESS						
CITY-ST-ZIP	ſ	RT, FL 33707			-ST-ZIP						
TITLE	D Delete TITLE				E					☐ Change	☐ Addition
NAME	i	UCIER, EILEEN M		NAM							
STREET ADDRESS CITY-ST-ZIP	GULFPORT, FL 33707			СПУ	-ST-ZIP						
TITLE NAME	☐ Delete   TITLI									Change	☐ Addition
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE NAME			Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP					, ,,,	
TIFLE			☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS				NAM STRI	EET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL						Change	☐ Addition
NAME Street address	NAM STRICE			ve Eet aodress							
CITY-ST-ZIP	1				'-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marine Make of SIGNING OFFICER OR DIRECTOR 4/26/05 (727) 793.9665										9665	
							-				