

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90153 025 ***150.00



DOCUMENT # P04000031001
 1. Entity Name
ALL METAL FABRICATORS & WELDING, INC.

Principal Place of Business
**1613 55TH STREET SOUTH
 GULFPORT, FL 33707**

Mailing Address
**1613 55TH STREET SOUTH
 GULFPORT, FL 33707**

2. Principal Place of Business - No P.O. Box #
22105 US HWY 19 N

3. Mailing Address
22105 US HWY 19 N

Suite, Apt. #, etc.



04022007 Chg-P CR2E034 (12/06)

City & State
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33765

Country
Pinellas

Zip
33765

Country
PINELLAS

4. FEI Number
20-0750931

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CRAMER, EILEEN M
 1613 55TH STREET SOUTH
 GULFPORT, FL 33707**

7. Name and Address of New Registered Agent

Name
DONALD MARRINER

Street Address (P.O. Box Number is Not Acceptable)
22105 US HWY 19 N

City
CLEARWATER

FL

Zip Code
33765

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: Donald Marriner DATE: 4/5/07

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRINER, DONALD J 1613 55TH STREET SOUTH GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMER, EILEEN M 1613 55TH STREET SOUTH GULFPORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donald Marriner DATE: 4/5/07 (727) 793-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR