


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000073714
 1. Entity Name
ACMIC METAL CONSTRUCTION & FABRICATION, INC.



Principal Place of Business Mailing Address
360 SAM POPPELL RD. **360 SAM POPPELL RD.**
PERRY, FL 32347 **PERRY, FL 32347**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Country Zip Country

04282004 Chg-P CR2E034 (10/03)



4. FEI Number Applied For
59-3532965 Not Applicable

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

6. Name and Address of Current Registered Agent
WARD, LORI E
1234 AIRPORT ROAD STE 111
DESTIN, FL 32541

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 _____
Signature (typed or printed) name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | PERRYMAN, LUCAS | |
| STREET ADDRESS | 360 SAM POPPELL RD. | |
| CITY-ST-ZIP | PERRY, FL 32347 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PERRYMAN, MATTHEW | |
| STREET ADDRESS | RT. 4 BOX 379 | |
| CITY-ST-ZIP | PERRY, FL 32347 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TOMLINSON, JERI | |
| STREET ADDRESS | 360 SAM POPPELL ROAD | |
| CITY-ST-ZIP | PERRY, FL 32347 | |
| 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 | | |

U00000160339
 05/13/04-80018-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Prn #