2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000107255

1. Entity Name
ANTHONY FABRICATION, INC.



FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

2661 NE 97TH ST RD ANTHONY, FL 32617 Mailing Address

PO BOX 151 ANTHONY, FL 32617



01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3553341

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, CHARLES E 2661 NE 97TH ST RD ANTHONY, FL 32617

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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 reinstating) DATE						
			Election Campaign Financing		000000644789 03/02/07-80059-003	150.00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BASS, CHARLES E 2661 NE 97TH ST RD ANTHONY, FL 32617					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BASS, JUNE E 2661 NE 97TH ST RD ANTHONY, FL 32617					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN ⁻	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 aggress, with all other like empowered.						

ED NAME OF SIGNING OFFICER OR DIRECTOR