2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000107255

1. Entity Name

ANTHONY FABRICATION, INC.



FILED
Mar 12, 2008 08:00 A
Secretary of State

Principal Place of Business

2661 NE 97TH ST RD ANTHONY, FL 32617

Mailing Address

PO BOX 151

ANTHONY, FL 32617



DO NOT WRITE IN THIS SPACE

01132008 No Chg-P CR2

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.

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Etection Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

PTD TITLE NAME BASS, CHARLES E STREET ADDRESS 2661 NE 97TH ST RD CITY-ST-ZIP ANTHONY, FL 32617 VPSD TITLE BASS, JUNE E NAME STREET ADDRESS 2661 NE 97TH ST RD ANTHONY, FL 32617 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OF BRIDTED NAME OF EXC

maph. 15-08

352-629,5324

Date

Daytime Phone #