2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005348

Title:

Name:

Address:

City-St-Zip:

Entity Name: PRODUCT FABRICATION SERVICE CORPORATION

FILED Mar 06, 2007 Secretary of State

y	me. TROBO	OTTABLE OF THE SERVICE		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Current Principal Place of Business:				New Principal Place of Business:				
2402 DAN MADISON	IELS ST. , WI 53718	US		1507 MAT COTTAGE	T PASS EGROVE, W	/I 5352789	162 US	
Current Mailing Address:				New Mailing Address:				
2402 DAN MADISON	IELS ST. , WI 53718	US		1507 MAT COTTAGE	T PASS EGROVE, W	/I 5352789	62 US	
FEI Number:	: 39-1301594	FEI Number Applied For()	FEI Nur	nber Not App	licable ()	Certifica	nte of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
110 N. MA TALLAHAS	GNOLIA ST. SSEE, FL 32:			f changing i	ts registered	d office or r	ogistored age	nt or both
	e of Florida.	submits this statement for the	purpose o	i changing i	is registered	a office of f	egistered age	ni, or boin,
SIGNATU								
		onic Signature of Registered A	gent				Date	
		ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MORRISON, V 1641 W. PLAG			Title: Name: Address: City-St-Zip:	D MORRISON, 10019 RIDG MINOCQUA,	EWOOD DR	() Addition	
Title: Name: Address: City-St-Zip:	D (TRAMBURG, 5706 KILKEN MADISON, W	NY PLACE		Title: Name: Address: City-St-Zip:		()Change	() Addition	
Title: Name: Address: City-St-Zip:	SLIFKA, MICH	RVANCY LANE		Title: Name: Address: City-St-Zip:		()Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A ROTHMAN VP 03/06/2007

() Delete

ROTHMAN, JAMES A

DEERFIELD, WI 53531

799 CENTRAL AVE

() Change () Addition