

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000001053

**Entity Name:** TRADESMAN FABRICATORS INC.

**Current Principal Place of Business:**

6843 NORTH CITRUS AVENUE  
UNIT P  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

7651 SE 131 AVE  
MORRISTON, FL 32668 US

**FEI Number:** 59-3370560

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MOORE, STEVEN F  
7651 SE 131ST AVE  
MORRISTON, FL 32668 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | P                  | Title           | VP                 |
| Name            | MOORE, STEVEN F    | Name            | MOORE, NANCY A     |
| Address         | 7651 SE 131AVE     | Address         | 7651 SE 131AVE     |
| City-State-Zip: | MORRISTON FL 32668 | City-State-Zip: | MORRISTON FL 32668 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN F MOORE

**PRESIDENT**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date