

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 116305

FILED
Apr 26, 2004
Secretary of State

Entity Name: TAMPA ARMATURE WORKS, INC.

Current Principal Place of Business:

440 SOUTH 78TH STREET
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3381
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-0474710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURNER, JAMES A III
440 SOUTH 78TH STREET
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRANNAM, EDWARD J
Address: 2747 DUPONT AVE.
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: DS () Delete
Name: TURNER, NANCY J
Address: 205 BLANCA AVE
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: SHUPE, CHARLES B
Address: 6801 CRESTHILL COURT
City-St-Zip: TAMPA, FL 33615 US

Title: PD () Delete
Name: TURNER, JAMES A III
Address: 220 BLANCA
City-St-Zip: TAMPA, FL 33606 US

Title: T () Delete
Name: MACINNES, MICHAEL M
Address: 440 SOUTH 78TH STREET
City-St-Zip: TAMPA, FL 33619 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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.

SIGNATURE: JAMES A. TURNER, III

PRES

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date