

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 116305

FILED  
Mar 08, 2005  
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: MICHAEL M. MACINNES

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03/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date