


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90101 047 \*\*\*158.75

<b>DOCUMENT # 380370</b>	
1. Entity Name <b>METAL FABRICATORS OF JAX, INC.</b>	

Principal Place of Business <b>436 WEST 41ST STREET JACKSONVILLE, FL 32206</b>	Mailing Address <b>436 WEST 41ST STREET JACKSONVILLE, FL 32206</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03312005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1349391</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>LONG, JOHN T.</b> <del>RT 1 BOX 563</del> <b>18141 Crews Rd</b> <del>BRANFORD, FL 32008</del> <b>Glen St. Mary FL 32040</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONG, JOHN T <del>RT 1 BOX 563</del> <del>BRANFORD, FL 32008</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18141 Crews Rd</b> <b>Glen St Mary FL 32040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LONG, JOHN T JR <del>280 KIRK RD</del> JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PITTS, DEBORAH L 21450 RED MAPLE CIRCLE SANDERSON, FL 32087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Operation Manager</b> <b>Daniel C Harris</b> <b>6285 Flag Run Drive</b> <b>Jacksonville FL 32234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I further certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.