


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90018 023 ***158.75

DOCUMENT # 380370					
1. Entity Name METAL FABRICATORS OF JAX, INC.					
Principal Place of Business 436 WEST 41ST STREET JACKSONVILLE, FL 32206			Mailing Address 436 WEST 41ST STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1349391				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LONG, JOHN T. 18141 CREWS RD GLEN SAINT MARY, FL 32040				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONG, JOHN T		NAME		
STREET ADDRESS	18141 CREWS RD		STREET ADDRESS		
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONG, JOHN T JR		NAME		
STREET ADDRESS	200 KIRK RD		STREET ADDRESS	14452 Denton Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PITTS, DEBORAH L		NAME		
STREET ADDRESS	21450 RED MAPLE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANDERSON, FL 32087		CITY-ST-ZIP		
TITLE	OM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, DANIEL C		NAME		
STREET ADDRESS	6285 FLAG RUN DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32234		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Operations Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	John T Long Jr	
STREET ADDRESS			STREET ADDRESS	14452 Denton Road	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.					
SIGNATURE: <i>Deborah L Pitts</i>		2/9/06		(904) 353-7268	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

\$158.75