

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 441401</b>                                      |  |
| 1. Entity Name<br><b>SHORES WELDING AND FABRICATING, INC.</b> |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>10519 LAKE WILLIAMS DR<br/>ODESSA, FL 33556</b> | Mailing Address<br><b>10519 LAKE WILLIAMS DR<br/>ODESSA, FL 33556</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|



04132005 No Chg-P CR2E034 (10/03)

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FFI Number<br><b>59-1499482</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ALTERIO, VINCENT P.<br/>10519 LAKE WILLIAMS DR<br/>ODESSA, FL 33556</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

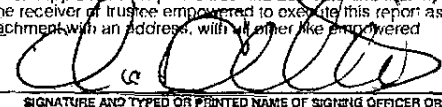
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000312428  
04/18/05-80085-006 150.00

| 10. OFFICERS AND DIRECTORS                     |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ALTERIO (VINCENT P)<br>10519 LAKE WILLIAMS DR<br>ODESSA, FL 33556      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHORES, CATHERINE M.<br>1331 SR #580 LOT 375<br>SAFETY HARBOR, FL 34695 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALTERIO, PATRICIA A<br>10519 LAKE WILLIAMS DR<br>ODESSA, FL 33556       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 empowered

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-05** **727 580 7802**  
Date Daytime Phone #

VINCENT P. ALTERIO