


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90043 042 ***150.00

DOCUMENT # F33610	
1. Entity Name PIONEER IRON WORKS, INC.	

Principal Place of Business % WILLIAM J MABRY 901 GULF BEACH HWY PENSACOLA, FL 32507	Mailing Address % WILLIAM J MABRY 901 GULF BEACH HWY PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2111232	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MABRY, WILLIAM J 901 GULF BEACH HWY PENSACOLA, FL 32507
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MABRY, WILLIAM J 1349 W ROBERTS PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABRY, W G 1811 DESOTA STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer William J. Mabry Jr. 1349 W. Roberts Rd. Cantonment, Fl. 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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 empowered.

SIGNATURE: <u>William J. Mabry</u> <u>William J. MABRY</u> <u>1-24-08</u> <u>850-456-2022</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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