

Rx Date/Time JUL-11-2006(TUE) 14:56

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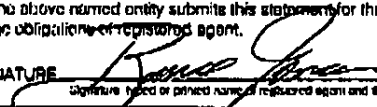
JUL-05-2006(WED) 15:51 QUALITY METAL FABRICATORS

(FAX)8138313436

FILED

Jul 14, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G28026		
1. Entity Name QUALITY METAL FABRICATORS, INC.		
Principal Place of Business 2610 E 5TH AVE TAMPA, FL 33605 US		Mailing Address 2610 E 5TH AVE TAMPA, FL 33605 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent Jones, Bruce Attorney at Law 16017 N. Florida, Ste# 125 Lutz, FL 33549		4. FEI Number 59-2264091 Applied For Not Applicable
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.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when changing)		U000000570244 07/14/06 80095 023 150.00
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, EARL R. 2610 E 5TH AVE TAMPA, FL 33605	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGESS, JASON 2610 E 5TH AVE TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAUTHWEIN, FRANCINE 2610 E 5TH AVE TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, STEPHEN 2610 E 5TH AVE TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS JR, EARL R 2610 E. 5TH AVE TAMPA, FL 33605	
TITLE NAME STREET ADDRESS 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 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		