2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State

Million Address Million Address Million Address Million Address DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1507 181H AWAY DRIVE A. FER Number Security of the Address of Current Registered Agent S. Curlicate of Status Desired S. Curlicate S. Curlicate of Status Desired S. Curlicate of Status Des	1. Entity Name MANOR S	STEEL FABRICATORS, INC.	Mailing Address		_	Sec	cretary of Sta
DO NOT WRITE IN THIS SPACE A FEI Number Sep-2240/320	1507 18TH A	VENUE DRIVE E.	1507 18TH AVENUE DRIVE E.				
SKIFFINGTON, MARTIN F. 1507 18TH AVE. DRIVE E PALMETTO, FL. 34221 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE State Sta	D			CE	03022005 4. FEI Numbe 59-234	No Chg-P er 0320	CR2E034 (10/03) Applied For Not Applicat \$8.75 Additional
the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 P.	1507 18TH PALMETTO	TON, MARTIN F. I AVE. DRIVE E O, FL 34221	: -		IN "	THIS SPA	ACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS SINCE NORSES OITY-S1-2P SINCE NORSES OITY-S1-2P BRADENTON, FL 34205 ITILE ITILE INME SINCE NORSES OITY-S1-2P TILE ITILE IT	the obligati	ions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flori	da. I am familiar with, and acce
Trust Fund Contribution Added to Feas 10. OFFICERS AND DIRECTORS 10. SILIFFINGTON, MARTIN F 6012 45TH STREET WEST 6012 45T	SIGNATURE_	Signature, typed or printed name of registered agent are	d title if applicable (NOTE Registers	ed Agent signature required	d when reinstating)	1	DATE
TITLE MAKE SITECT ADDRESS CITY-ST-ZIP TITLE VS SITECT ADDRESS CITY-ST-ZIP SITECT ADDRESS CITY-ST-ZIP TITLE NAME SITECT ADDRESS CITY-ST-ZIP TITLE TITLE NAME SITECT A	FIL After Ma	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 obligations of registered agent. FURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
INME SITECT ADDRESS CITY-ST-2P TITLE VS SIKIFFINGTON, CATHERINE STREET WEST STREET ADDRESS CITY-ST-2P TITLE NAME SIRECT ADDRESS CITY-ST-2P TITLE NAME SIRECT ADDRESS CITY-ST-2P TITLE IN THIS SPACE THE IN THIS SPACE TITLE TITLE IN THIS SPACE TITLE T			IRECTORS				
SIREET ADDRESS CITY-ST-ZIP ITILE INAME SIREET ADDRESS CITY-ST-ZIP ITILE INTERET ADDRESS CITY-ST-ZIP ITILE INAME SIREET ADDRESS CITY-ST-ZIP ITILE INAME INAME ITILE INAME INAME ITILE INAME	NAME STREET ADDRESS	6012 45TH STREET WEST					
NAME STREET ADDRESS CITY-ST- ZIP TITLE THE NAME STREET ADDRESS CITY-ST- ZIP TITLE NAME STREET ADDRESS CITY-ST- ZIP THE CONTRACTOR OF THE CO	NAME STREET ADDRESS	SKIFFINGTON, CATHERINE 6012 45TH STREET WEST				7,000,000 — 03/21/05-	270438 80007-009 150.00
SIREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	NAME STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	NAME SIREET ADDRESS				IN	THIS SP	ACE
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	NAME STREET ADDRESS						
2 11 11 1	NAME STREET ADDRESS						
- QUENIATUDE (/ - イカッノノ - Mr ペカレチノット・ディン・アングラット かいへ - ベーナフェインデー デオタウェアトツター		17 . 11					941