


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G72035</b> 1. Entity Name PREMIER FABRICATING AND STAMPING, INC.	
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Principal Place of Business 232 DUNBAR CT. OLDSMAR, FL 34677 US	Mailing Address P.O. BOX 12060 OLDSMAR, FL 34677 US
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2346426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BURKE, BOB 28059 U. S. HWY N. SUITE 203 CLEARWATER, FL 34621	<b>DO NOT WRITE IN THIS SPACE</b>
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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)</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	PD GUY, ARTHUR S 232 DUNBAR COCOURT OLDSMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEQUEIRA, ANTONIO P 232 DUNBAR COCOURT OLDSMAR, FL
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04/13/05-80016-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Antonio Sequeira</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/8/05</u> Daytime Phone # <u>813-855-4633</u>