2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # H19543 1. Entity Name 03-17-2006 90122 045 ***158.75 FLORIDA STAINLESS FABRICATORS, INC. Principal Place of Business Mailing Address **575 ECON RIVER PLACE 575 ECON RIVER PLACE** , 我被我这样哪里! OVIEDO, FL 32765 US OVIEDO, FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 59-2443014 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMRhein, Jacqueline Street Address (P.O. Box Number is Not Acceptable) AMRHEIN, JAMES 💎 575 ECON RIVER PLACE OVIEDO, FL* 32765 575 Econ River Zip Code ٠. Ovieda 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. AnRhein, President SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Delete Change Ch AmRhein Jacqueline 557 Dunnar Circle AMRHEIN, JAMES MALKE NAME STREET ADDRESS STREET ADDRESS 557 DUNMAR CIRCLE WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS, FL Change Addition. TITLE Delete TITLE AmRhein, James 557 Dunnar Circle AMRHEIN, JACQUELINE NAME NAME STREET ADORESS 557 DUNMAR CIRCLE STREET ADDRESS CITY-ST-7/P WINTER SPRINGS, FL CITY-ST-ZIP WINTER SPRINGS, FL 32708 Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. Jacqueline AnRhein 3/7/06 SIGNATURE:

FILED

Mar 17, 2006 8:00 am