


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90098 043 \*\*\*150.00

<b>DOCUMENT # J32536</b> 1. Entity Name <b>FLORIDA CUSTOM FABRICATORS, INC.</b>			
Principal Place of Business <b>% R.W. LASITTER JR. 809 NORTH CENTRAL AVE. KISSIMMEE, FL 34741</b>		Mailing Address <b>809 N CENTRAL AVE KISSIMMEE, FL 34741-027 US</b>	
2. Principal Place of Business <b>4840 E. Irlo Bronson Highway</b>		3. Mailing Address <b>PO Box 700668</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>St. Cloud, Florida</b>		City & State <b>St. Cloud Florida</b>	
Zip <b>34774</b>		Zip <b>34770-0668</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2712419</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LASITTER, RONALD W., JR. 809 N. CENTRAL AVE. KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name <b>Lasitter, Ronald W. JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>4840 E. Irlo Bronson Highway</b> City <b>St. Cloud</b> <b>FL</b> Zip Code <b>34771</b>	
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: <u><i>R.W. Lasitter</i></u> <b>President</b> <span style="float: right;">3/15/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>LASITTER, RONALD W. JR. P O BOX 420624 N/A KISSIMMEE, FL 347420624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>Lasitter, Ronald w. JR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 700668</b> <b>St. Cloud, Florida 34770-0668</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>R.W. Lasitter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/15/06 407-892-8538 <small>Day Daytime Phone #</small>	

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