

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32536

FILED
Mar 08, 2007
Secretary of State

Entity Name: FLORIDA CUSTOM FABRICATORS, INC.

Current Principal Place of Business:

4840 EAST IRLO BRONSON HWY
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

PO BOX 700668
SAINT CLOUD, FL 347700668 US

New Mailing Address:

FEI Number: 59-2712419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASITTER, RONALD W., JR.
4840 EAST IRLO BRONSON HWY
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

D'AVELLA, CAROL R DPST
4840 EAST IRLO BRONSON HWY
SAINT CLOUD, FL 34771 US

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.

SIGNATURE: CAROL D'AVELLA

03/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LASITTER, RONALD W., JR.
Address: PO BOX 700668
City-St-Zip: SAINT CLOUD, FL 347700668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: D'AVELLA, CAROL R DPST
Address: PO BOX 700668
City-St-Zip: SAINT CLOUD, FL 347700668

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL D'AVELLA

DPST

03/08/2007

Electronic Signature of Signing Officer or Director

Date