

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51029

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** ACE FABRICATORS, INC.

**Current Principal Place of Business:**

ACE FABRICATORS INC  
1801 E 30TH STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

ACE FABRICATORS INC  
1801 E 30TH STREET  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

**FEI Number:** 59-2907399      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, HENRY A  
8188 TRIPPS WAY  
MACCLENNEY, FL 32063 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SMITH, HENRY A.  
Address: 8188 TRIPPS WAY  
City-St-Zip: MACCLENNEY, FL 32063

Title: DST  
Name: SMITH, JOYCE  
Address: 8188 TRIPPS WAY  
City-St-Zip: MACCLENNEY, FL 32063

I hereby 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 all other like empowered.

SIGNATURE: MIKE SMITH

PA

02/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date