

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M88079**

1. Entity Name  
**BUCKEYE WELDING AND FABRICATING COMPANY**



Principal Place of Business  
**19515 ISLAND COURT  
BOCA RATON, FL 33496 US**

Mailing Address  
**7040 W. PALMETTO PARK ROAD  
SUITE 2413  
BOCA RATON, FL 33433 US**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**31-1245538**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FACSINA, MARIELLEN  
1450 WETHERINGTON WAY  
PALM HARBOR, FL 34683**

**DO NOT WRITE  
IN THIS SPACE**

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

*Mariellen Facsina*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**110000515522  
04/29/06-00207-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **WEINGOLD, JACK**  
STREET ADDRESS **3806 NW 65TH LN**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **S**  
NAME **FACSINA, MARIELLEN**  
STREET ADDRESS **1450 WETHERINGTON WAY**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mariellen Facsina*

**MARIELLEN FACSINA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/06**

Date

Daytime Phone #