


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90170 045 \*\*\*150.00

<b>DOCUMENT # P00000015834</b> 1. Entity Name <b>B.M.R. FABRICATION, INC.</b>			
Principal Place of Business <b>106 CASH DR. SEFFNER, FL 33584</b>		Mailing Address <b>106 CASH DR. SEFFNER, FL 33584</b>	
2. Principal Place of Business <b>12581 US HWY 301 N</b> Suite, Apt. #, etc.		3. Mailing Address <b>12581 US HWY 301 N</b> Suite, Apt. #, etc.	
City & State <b>Thonotosassa FL</b> Zip <b>33592</b>		City & State <b>Thonotosassa FL</b> Zip <b>33592</b>	
4. FEI Number <b>65-1012499</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROCKEY, BRETT 106 CASH DR. SEFFNER, FL 33584</b>		7. Name and Address of New Registered Agent Name <b>Brett Rocky</b> Street Address (P.O. Box Number is Not Acceptable) <b>1002 Hickory Fork Drive</b> City <b>Seffner</b> <b>FL</b> Zip Code <b>33584</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 _____ <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, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROCKEY, BRETT</b> <b>106 CASH DRIVE</b> <b>SEFFNER, FL 33584</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Rockey, Brett</b> <b>1002 Hickory Fork Dr.</b> <b>Seffner, FL 33584</b> <input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Brett M. Rockey</b>		Date <b>4/29/04</b> Daytime Phone # <b>813 986 9302</b>	