2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000042796

1. Entity Name
F. M. METAL REPAIRS & ERECTORS, INC.

Principal Place of Business	Mailing Address
10702 BLOOMINGDALE AVE.	P.O. BOX 6667
RIVERVIEW, FL 33569	BRANDON, FL 33508-6011

DO NOT WRITE IN THIS SPACE

03202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3649092	Not Applicable

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

6. Name and Address of Current Registered Agent

MUNOS, FRANK M
10702 BLOOMINGDALE AVE.
RIVERVIEW, FL 33569

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

·FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PDS	
NAME	MUNOS, FRANK M	
STREET ADDRESS	10702 BLOOMINGDALE AVE.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		
NAME		
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05/06/08-80035-014 150.00

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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: _____   7. 10. 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #