

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000073882 1. Entity Name MODERN FABRICATORS, INC.	
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Principal Place of Business 210 FROSTI WAY EUSTIS, FL 32726	Mailing Address P.O. BOX 1321 EUSTIS, FL 32727-1321
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3680859	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent NICHOLS, MICHAEL W 210 FROSTI WAY EUSTIS, FL 32726
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**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 except the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering) 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NICHOLS, MICHAEL 210 FROSTI WAY EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NICHOLS, LISA 210 FROSTI WAY EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/22/06-80089-014 150.00

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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: LISA NICHOLS Lisa Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2006 352-589-6544
Date Daytime Phone #