

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000092921



1. Entity Name
IRON ART AND FABRICATION, INC.

Principal Place of Business
731 N HWY 17-92
SUITE 215
LONGWOOD, FL 32750

Mailing Address

731 N HWY 17-92
SUITE 215
LONGWOOD, FL 32750

2. Principal Place of Business - No P.O. Box #

315 N. Orange Ave.

Suite, Apt. #, etc.

3. Mailing Address

315 N. Orange Ave.

Suite, Apt. #, etc.

City & State

Sanford FL

City & State

Sanford FL

Zip

32771

Country

Zip

32771

Country

4. FEI Number

04122007

Chg-P

CR2E034 (12/06)

59-3676554

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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

David Redenshek

David Redenshek, pres

4-12-07

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete REDENSHEK, DAVID R 315 N. ORANGE AVENUE SANFORD, FL 32771 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 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:



David Redenshek, pres.

4-12-07

407 928 6783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #