

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000043898

1. Entity Name
DANIEL WELDING AND FABRICATION, INC.



Principal Place of Business
**17723 LIVINGSTON AVE
LUTZ, FL 33549**

Mailing Address
**P.O. BOX 17351
TAMPA, FL 33682**



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0667989** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIEL, ROBERT E
304 PARK RIDGE AVENUE
TEMPLE TERRACE, FL 33617**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**000000050693
02/16/04-80021-006 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DANIEL, JUDY C 304 PARK RIDGE AVENUE TEMPLE TERRACE, FL 33617 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DANIEL, ROBERT E 304 PARK RIDGE AVENUE TEMPLE TERRACE, FL 33617 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DANIEL, JOSEPH L 1208 LEISURE AVE TAMPA, FL 33613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: *Judy C. Daniel* **Judy C. Daniel** **02/11/04** **813 899-2375**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #