


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000076808 1. Entity Name GORDON METAL FABRICATORS, INC.					
Principal Place of Business 6014 BONACKER DR TAMPA, FL 33610			Mailing Address 3607 E KEYSVILLE RD LITHIA, FL 33547		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GORDON, CHRISTOPHER 3607 E. KEYSVILLE RD. LITHIA, FL				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GORDON, CHRISTOPHER 3607 E. KEYSVILLE RD. LITHIA, FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>Christopher Gordon</u> CHRISTOPHER GORDON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> _____ <small>Daytime Phone #</small> _____ </div>					

APPROVED
AND
FILED

04 NOV 22 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



09282004 Chg-P CR2E034 (10/03)

4. FEI Number
47-1540377

Applied For
Not Applicable

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

FL

Zip Code

200043071102
11/30/04--01056--017 **150.00

PS 212

BRACE ACCOUNTING SERVICE INC
3820 NORTHDAL BLVD
TAMPA FL 33624

Re: GORDON METAL FABRICATORS
Document # ~~526547~~ PO2000076808

Nov 15, 2004

Division Of Corporations:
PO Box 6327
Tallahassee, FL 32314

The above client has received an Intent To Dissolve Notice from your office.

Due to the change of format in the way this form is filed , it created confusion.

Additionally, the original notice was never received or it was mailed to the wrong address. We are requesting for the late filing penalties to be forgiven. Attached is a check for the filing fee of \$150.

We would appreciate your help in this matter. If any additional information please contact at 813-632-8200.

Sincerely:


R. E. Brace