



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90067 048 ***150.00

DOCUMENT # P02000107841 1. Entity Name SPECIALTY METALWORKS, INC.					
Principal Place of Business 2456 W NINE MILE ROAD PENSACOLA, FL 32534			Mailing Address 2456 W NINE MILE ROAD PENSACOLA, FL 32534		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04042005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 51-0430392	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOWERY, FRED 2456 W NINE MILE ROAD PENSACOLA, FL 32534			7. Name and Address of New Registered Agent Name <u>Fred Lowery</u> Street Address (P.O. Box Number is Not Acceptable) <u>2456 W. Nine Mile Road</u> City <u>Pensacola</u> FL Zip Code <u>32534</u>		
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 <u><i>Fred Lowery</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Fred Lowery 4-04-05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	V LOWERY, FREDRICK E (FRED) 2456 W NINE MILE ROAD PENSACOLA, FL 32534	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOWERY, FREDRICK A (ALLEN) 2456 W NINE MILE ROAD PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOWERY, STEPHANIE D 2456 W NINE MILE ROAD PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete		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
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
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
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><i>Fred Lowery</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-04-05 850-478-6887 <small>Date Daytime Phone #</small>		