


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 15, 2006 8:00 am**  
**Secretary of State**

09-15-2006 90004 012 \*\*\*550.00

<b>DOCUMENT # P03000054015</b> 1. Entity Name <b>B.W. CUSTOM FABRICATION, INC.</b>					
Principal Place of Business <b>1703 W SOUTH ST LEESBURG, FL 34748</b>			Mailing Address <b>1703 W SOUTH ST LEESBURG, FL 34748</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>73-1667878</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOHLERS, SANDRA E 6215 CAROLINA AVE LEESBURG, FL 34748</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WOHLERS, WILLIAM K 6215 CAROLINA AVE LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WOHLERS, SANDRA E 6215 CAROLINA AVE LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Sandra E. Wohlers</u> Sandra E. wohlers 09/13/06 (352) 516-8087</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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**Division of Corporations****Annual Report**

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<b>Document Number</b>	P03000054015
<b>Business Entity Name</b>	B.W. CUSTOM FABRICATION, INC.
<b>Prior notice was</b>	Received - \$400.00 late fee will be charged.
<b>FEI Number</b>	731667878
<b>FEI Number Status</b>	
<b>Certificate of Status Desired</b>	No
<b>Election Campaign Financing Trust Fund Contribution</b>	No

**Principal Place of Business**

**Address** 1703 W SOUTH ST  
**Suite, Apt. #, etc.**  
**City, State** LEESBURG, FL  
**Zip Code & Country** 34748

**Mailing Address**

**Address** 1703 W SOUTH ST  
**Suite, Apt. #, etc.**  
**City, State** LEESBURG, FL  
**Zip Code & Country** 34748

**Name and Address of Registered Agent**

**Name (Last, First, Middle, Title)** WOHLERS, SANDRA , E  
**Address** 6215 CAROLINA AVE  
**Suite, Apt. #, etc.**  
**City, State** LEESBURG, FL  
**Zip Code & Country** 34748 US  
**Registered Agent Signature**

**Officer/Director Name and Address**

**Title** PD  
**Name (Last, First, Middle, Title)** WOHLERS, WILLIAM , K

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**Street Address** 6215 CAROLINA AVE  
**City, State** LEESBURG, FL  
**Zip Code & Country** 34748

**Title** STD  
**Name (Last, First, Middle, Title)** WOHLERS, SANDRA , E  
**Street Address** 6215 CAROLINA AVE  
**City, State** LEESBURG, FL  
**Zip Code & Country** 34748

**Title** STD  
**Officer/Director Signature** SANDRA E WOHLERS

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Document Number

**P03000054015**

Business Entity Name

**B.W. CUSTOM FABRICATION, INC.**

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

**731667878**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

**1703 W SOUTH ST**

Suite, Apt. #, etc.

City, State

**LEESBURG****FL**Zip Code & Country **34748****Mailing Address**

Address

**1703 W SOUTH ST**

Suite, Apt. #, etc.

City, State

**LEESBURG****FL**Zip Code & Country **34748****Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**WOHLERS****SANDRA****E****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

**6215 CAROLINA AVE**

Suite, Apt. #, etc.

City, State

**LEESBURG****FL**

Zip Code &amp; Country

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34748 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

WOHLERS

WILLIAM

K

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

6215 CAROLINA AVE

City, State

LEESBURG

FL

Zip Code &amp; Country

34748

Title

STD

Name (Last, First, Middle, Title)

WOHLERS

SANDRA

E

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

6215 CAROLINA AVE

City, State

LEESBURG

FL

Zip Code &amp; Country

34748

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

STD

Officer/Director Signature Sandra E Wohlers

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that

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