


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90074 003 ***150.00

DOCUMENT # P03000070458

1. Entity Name
A-XTREME STEEL FABRICATION INC.



Principal Place of Business
**1606 NORTH 15TH STREET
 TAMPA, FL 33607**

Mailing Address
**3215 WEST SWANN AVENUE
 APARTMENT #2
 TAMPA, FL 33609**

2. Principal Place of Business
1111 E CASS ST
 Suite, Apt. #, etc.
TAMPA FL.
 City & State
Florida
 Zip
33602 Country
Hillsborough

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country



4. FEI Number
57-1175488 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SEELEY, JANET E
 3215 WEST SWANN AVENUE
 APARTMENT #2
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSTD ROGERS, ROBERT S 1606 NORTH 15TH STREET TAMPA, FL 33607 <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: *Robert Rogers* **ROBERT ROGERS** 4-20-06 813 873 2961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #