2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000080326** 07-12-2004 90017 028 ***150.00 SOUTHERN FABRICATORS AND ERECTORS, INC. Principal Place of Business Mailing Address **オオリオリリトリ** 1881 VANDOLAH RD 1881 VANDOLAH RD WAUCHULA, FL 33873 WAUCHULA, FL 33873 . Mailing Address 882 VANDOLAH 2. Principal Place of Business 1882 VANDOLAH Suite, Apt. #, etc Suite, Apt. #, etc. 07082004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number WAUCHULA 33379 AUCHUL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA นรค <u> 33873</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKIBBEN, JEFF: J Street Address (P.O. Box Number is Not Acceptable) 105 S SIXTH AVEISTE #1 WAUCHULA, FL 33873 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F DPS ☐ Delete TITLE Change Addition PARKER, KEITH S NAME NAME STREET ADDRESS 14923 S CR 39 RD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LITHIA, FL 33566 ☐ Delete Change ☐ Addition TITEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ПΠЕ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete RHE Сhange ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete ΠΠF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 spher like empowered.

FILED

Attachment

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Liet our Jaddiess 1882
This report says 1881.
Please let us know how
to correct this error.