

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000103994

1. Entity Name
PWS METAL WORKS, INC.



Principal Place of Business
**106 S NORTON AVE
ORLANDO, FL 32805**

Mailing Address
**106 S NORTON AVE
ORLANDO, FL 32805**

U00000463045
03/21/06-80061-011 150.00



DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1071170

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JIMENEZ, JOHN
228 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE **P**
NAME **JIMENEZ, JOHN**
STREET ADDRESS **228 N. ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **V**
NAME **JIMENEZ, LUISA F**
STREET ADDRESS **8585 LAKE FLORENCE BLVD**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: John Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-06 907-648-8040
Date Daytime Phone #