

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000135744



Company Name

ARCHITECTURAL METAL STRUCTURES, INC.



1st MOORE CR2E034 (10/05)

1. Principal Place of Business  
 17 WATERVILLE RD  
 JACKSONVILLE FL 32226

Mailing Address  
 15697 WATERVILLE RD  
 JACKSONVILLE FL 32226

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**73-1689267**

Applied For  
 Not Applicable

Country

Zip

Country

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SWANGER, JOHN M  
 15697 WATERVILLE RD  
 JACKSONVILLE FL 32226

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
 Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD	
NAME	SWANGER, DELLA M		NAME				
STREET ADDRESS	15697 WATERVILLE RD		STREET ADDRESS				
CITY-STATE-ZIP	JACKSONVILLE FL 32226		CITY-STATE-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD	
NAME	SWANGER, JOHN M		NAME				
STREET ADDRESS	15697 WATERVILLE RD		STREET ADDRESS				
CITY-STATE-ZIP	JACKSONVILLE FL 32226		CITY-STATE-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD	
NAME	SWANGER, MARTIN D		NAME				
STREET ADDRESS	15697 WATERVILLE RD		STREET ADDRESS				
CITY-STATE-ZIP	JACKSONVILLE FL 32226		CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				

U00000386250  
 01/30/06-80002-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John M Swanger* 1-18-06 904-696-991