

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000141653

1. Entity Name
D & E METAL FABRICATORS, INC.



Principal Place of Business
**1075 SHADICK DR
ORANGE CITY, FL 32763**

Mailing Address
**PO BOX 530576
DEBARY, FL 32753-0576**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2677071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, DANIEL R
101 LAKE DR
DEBARY, FL 32713**

**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 _____

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
After May 1, 2007 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 **SMITH, DANIEL R**
STREET ADDRESS **101 LAKE DR., PO BOX 530576**
CITY-ST-ZIP **DEBARY, FL 327530576**

TITLE **ST**
NAME **SMITH, ERIKA**
STREET ADDRESS **101 LAKE DR., PO BOX 530576**
CITY-ST-ZIP **DEBARY, FL 327530576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000631521
02/20/07-80051-001 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Smith 2-9-07

Date

386 6684838

Daytime Phone #