

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000170023

1. Entity Name
DANNICK METAL SUPPLY AND FABRICATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 PM 3:11

Principal Place of Business
4100 N. POWERLINE RD
SUITE C-4
POMPANO BEACH, FL 33073

Mailing Address
4100 N. POWERLINE RD
SUITE C-4
POMPANO BEACH, FL 33073



11102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2070849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOIACONO, CHARLES M
6310 NW 41ST. TERRACE
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name CHARLES LOIACONO
Street Address (P.O. Box Number is Not Acceptable)
6367 NW 80 DR
City PARKLAND FL Zip Code 33067

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 *Charles Loiacono* CHARLES LOIACONO 11/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRES	LOIACONO, CHARLES V	1717 SW 1ST WAY, SUITE 32	DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CHARLES LOIACONO, PRES	6367 NW 80th DRIVE	PARKLAND, FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DANIEL BUCKLAND, V.P. SEC	4541 NE 15 AVE	POMPANO BEACH, FL 33064	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

600081770696
11/14/05--01058--004 **\$61.25

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: *Charles Loiacono* CHARLES LOIACONO 11/10/06 954 580 0976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #