## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90187 029 \*\*\*150.00

DOCUMENT # P05000000946 T SQUARE FABRICATION & REPAIRS INC Principal Place of Business Mailing Address 60033646 3881 JENNIFER LANE PO BOX 992 PENNEY FARMS, FL 32079 PENNEY FARMS, FL 32079 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-2088709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARNELL, TERRY A Street Address (P.O. Box Number is Not Acceptable) 3881 JENNIFER LANE PENNEY FARMS, FL 32079 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 apolicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE THILE ☐ Detete Channe Addition NAME NAME DARNELL, TERRY A 3881 JENNIFER LANE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP PENNEY FARMS, FL 32079 CITY-S1-ZIP TITLE Delete TITLE Change Addition Rick Smith SMITH, RICK L NAME NAME 400 East 65th STreet 10516 KEUKA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY - ST - ZIP Change Addition Oelete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Detete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete THE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 219 CITY - ST - ZIP Change TELLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS C11 Y - S1 - ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 it 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	Dale	Daytime Phone #