2007 FOR PROFIT CORPORATION

FILED Apr 06, 2007 08:00 A ate

. =	ANNUAL	REPORT	_			1191	Sagras	town of C4
DOCUMENT # P05000016521 1. Entity Name LEWIS KIMBRELL FABRICATION, INC.							secrei	tary of St
1125 48TH STREET BAY 11		Mailing Address 1125 48TH STREET BAY 11 MANGONIA PARK, FL 33407			1 224 (124 27)		. 86101 1616 61161	B)
ad Maria Property and a second								
					04042007	No Chg-P	CR2E034	(11/05)
D	O NOT WRITE	N THIS SPA	CE		4. FEI Numbe 20-2253			Applied For Not Applicable
						of Status Desired		3.75 Additional e Required
, ,, ,	6. Name and Address of Current Reg			owa wa a Sanca ka Tako	er e a restaur restaur	sen neste roberi ilia . Xi		- Barthary Control
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1141 WOODFIELD COURT GREENACRES, FL 33415					* • :			
			80 pt 40 ct 40 c	**************************************	IIN	'HIS SP	ACE	vý sithak ka
			14.00	ed navítico	e direction	***		
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or r	registered	i agent, or both	, in the State of Flo	rida. Fam fan	niliar with, and accept
•								
SIGNATURE	Signature, typed or printed name of registered agent and to	tie if applicable. (NOTE: Registers	ki Agent signatura	re required wh	ien reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.			May Be to Fees			
10.	OFFICERS AND DIR	ECTORS	a Source Stre	and also ta	er honeen sid			a jeropia je vojek oper
TITLE NAME ·	P, V KIMBRELL, LEWIS S						and Mari	
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CITY-ST-ZIP	GREENACRES, FL 33415		. Service		gir ogganisk side.			
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STREET ADDRESS CITY-ST-ZIP								
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NAME					85 da 3774 ar akalara		ger gan der it Sie stanssesse	
STREET ADDRESS	· .				gargar - Tallia Lilian Linua			

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.

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NING OFFICER OR DIRECTOR

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