

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90087 015 \*\*\*150.00

**DOCUMENT # P05000021134**

1. Entity Name

PENSACOLA METAL WORKS, INC.



Principal Place of Business

1622 E. JOHN CARROLL DRIVE  
PENSACOLA FL 32504  
US

Mailing Address

1622 E. JOHN CARROLL DRIVE  
PENSACOLA FL 32504  
US



2. Principal Place of Business

937 CREIGHTON Rd.

3. Mailing Address

937 CREIGHTON Rd.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

13-4295472

Applied For

Not Applicable

Zip

32504

Country

U.S.A.

Zip

32504

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIZEMORE, E. P  
1736 EAST BURGESS ROAD  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DELMAR, JOHN H  
STREET ADDRESS 1622 E. JOHN CARROLL DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE VP ☐ Delete  
NAME DELMAR, MICHAEL T  
STREET ADDRESS 1622 E. JOHN CARROLL DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE SEC ☐ Delete  
NAME SIZEMORE, E P  
STREET ADDRESS 1736 E. BURGESS RD.  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John H. Delmar III*

JOHN H. DELMAR III

2-15-06

850-474-3947