


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-25-2007 90194 018 ***150.00

DOCUMENT # P05000101676			
1. Entity Name B & D FABRICATION, INC.			
Principal Place of Business 625 SOUTH LAKEWOOD AVE OCOE, FL 34761		Mailing Address 625 SOUTH LAKEWOOD AVE OCOE, FL 34761	
2. Principal Place of Business - No P.O. Box # 12285 W Colonial Drive		3. Mailing Address SAME AS LISTED ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Garden, FL		City & State	
Zip 34787	Country ORANGE	Zip	Country
4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ (NOTF: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPT BEHARRY, DEVENDRA 625 SOUTH LAKEWOOD AVE OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BEHARRY, MEINWATTIE 625 SOUTH LAKEWOOD AVE OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Devendra Beharry</u> DEVENDRA BEHARRY		4-22-07 407-925-4166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Devendra Phone #	

66015956



04212007 Chg-P CR2E034 (12/06)

ATTACHMENT

66615956

P02000101676

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **25-1921460**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested B & D FABRICATION INC		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 625 SOUTH LAKEWOOD AVENUE		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code OCOOE, FLORIDA 34761		5b City, state, and ZIP code
	6 County and state where principal business is located ORANGE FLORIDA		
	7a Name of principal officer, general partner, grantor, owner, or trustor DEVENDRA BEHARRY - PRESIDENT		7b SSN, ITIN, or EIN 111-90-0611 - DOB 11-29-1971
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ FORM-1120S <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) JULY		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶		Agricultural 0	Household 0
		Other 0	
14 Check one box that best describes the principal activity of your business. <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. PIPE HANGER SUPPORT, WELDING & FABRICATION			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ DEVENDRA BEHARRY - PRESIDENT		Applicant's telephone number (include area code) (407) 877-8781	
Signature ▶ _____		Date ▶ _____	
		Applicant's fax number (include area code) ()	

ATTACHMENT

66015956

#P05000101676

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any employees of the corporation or limited liability company (LLC) listed in section 3 are covered by workers' compensation insurance.

DEVENDRA BEHARRY
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

111 90 0611
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #

* Douchie Bahag
APPLICANT'S SIGNATURE

7/21/05
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF ORANGE

Sworn to and subscribed before me this 21 day of JULY 2005, by DEVENDRA BEHARRY

Personally Known ☒ OR Produced Identification _____ Type of Identification
Produced _____

NOTARY SIGNATURE [Signature] My Commission Expires 02/28/09
Winston Bowerbank Moxey
Commission # DD389093
Expires: MAR. 02, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your place of business.

12381 S. Cleveland Ave.
Suite #506
Ft. Myers FL 33907
Telephone (239) 278-7239

9000 Regency Square Blvd.
Suite #212
Jacksonville FL 32211-8100
Telephone (904) 798-5806

401 NW 2nd Ave.
Suite #321 South Tower
Miami FL 33128
Telephone (305) 536-0306

1111 NE 25th Ave.
Suite #403
Ocala FL 34470
Telephone (352) 401-5350

400 West Robinson St
Room #211 North Tower
Orlando FL 32801
Telephone (407) 245-0896

2686 Chapman Dr.
Panama City FL 32405
Telephone (850) 747-5425

610 E. Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804

499 Northwest 70th Avenue
Suite #116
Plantation FL 33317
Telephone (954) 321-3143 or
(954) 321-3160

1718 Main St.
Suite #201
Sarasota FL 34236
Telephone (941) 361-6022

2012 Capital Circle Se
Suite #102 Hartman Bldg.
Tallahassee FL 32399-2161
Telephone (850) 414-1237 or
(850) 488-2717

9215 N. Florida Ave.
Suite #107
Tampa FL 33612
Telephone (813) 930-7558

3111 South Dixie Hwy.
Suite #123
West Palm Beach FL 33405
Telephone (561) 837-5412

STATE USE ONLY
Effective/Issue Date:
Expiration Date:
Control Number:
Postmark Date:
Received Date:

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE

ATTACHMENT

66615956

#R05000101676

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form.

SECTION 1: I am applying for exemption as a (Please check only one box in this section):

CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)

☒ Officer of a Corporation (Title): PRESIDENT -OR- ☐ Member of a Limited Liability Company (LLC)

NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)

☐ Officer of a Corporation (Title): _____

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. R05000101676

SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: B & D FABRICATION, INC FEIN: 25-1921460 Telephone: 407-277-2724

Business Mailing Address: 625 S. LAKEWOOD AVE. OULOE State: FL Zip: 34761

County: ORANGE Scope of Business or Trade of Applicant: WELDING & SPECIAL FABRICATION

SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) _____

SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business?
☒ Yes ☐ No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

☐ Yes ☒ No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):

NAME: _____ FEIN: _____

SECTION 7. You must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for an exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
- B. To be eligible for an exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

SECTION 8.

FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

* [Signature]
SIGNATURE OF APPLICANT

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE