
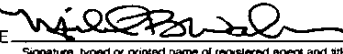



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90085 046 ***150.00

DOCUMENT # P05000123046 1. Entity Name REKLAW METAL FABRICATORS, INC.																													
Principal Place of Business 1670 HERCULES AVENUE SUITE B CLEARWATER, FL 33765			Mailing Address 1670 HERCULES AVENUE SUITE B CLEARWATER, FL 33765																										
2. Principal Place of Business - No P.O. Box # 8420 ULMERTON RD		3. Mailing Address Suite, Apt. #, etc. SUITE # 436																											
City & State LARGO FL		City & State LARGO FL		4. FEI Number 20-3453755																									
Zip 33771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WALKER, MICHAEL B 1670 HERCULES AVENUE SUITE B CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name WALKER, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 8420 ULMERTON RD. # 436 City LARGO State FL Zip Code 33771																										
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  DATE 1-31-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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:  MICHAEL B WALKER 1-31-07 727-483-9316 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

40009613



02012007 Chg-P CR2E034 (12/06)

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Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

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