

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018882

FILED
Mar 25, 2009
Secretary of State

Entity Name: C-BEA STAINLESS PRODUCTS, INC.

Current Principal Place of Business:

379 NW RAILROAD STREET
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

379 NW RAILROAD STREET
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 20-4280856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTOIGNONI, BRUCE
2501 LASSIE BLACK STREET
WHITE SPRINGS, FL 32096 US

Name and Address of New Registered Agent:

ANTOIGNONI, DONNA
2501 LASSIE BLACK STREET
WHITE SPRINGS, FL 32096 US

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.

SIGNATURE: DONNA E. ANTOIGNONI

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T/ () Delete
Name: ANTOIGNONI, BRUCE
Address: 2501 LASSIE BLACK STREET
City-St-Zip: WHITE SPRINGS, FL 32096

Title: V (X) Delete
Name: SMITH, RONALD
Address: 800 SOUTH OCEAN BLVD, APT #202
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S (X) Delete
Name: ANTOIGNONI, DONNA
Address: 2501 LASSIE BLACK STREET
City-St-Zip: WHITE SPRINGS, FL 32096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T/ (X) Change () Addition
Name: ANTOIGNONI, DONNA E
Address: 2501 LASSIE BLACK STREET
City-St-Zip: WHITE SPRINGS, FL 32096

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA ANTOIGNONI

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date