

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-31-2007 90031 025 ***150.00

DOCUMENT # P06000111409 1. Entity Name FLORIDA FABRICATION & ERECTIONS, INC.					
Principal Place of Business 1198 CR 621 EAST LAKE PLACID, FL 33852			Mailing Address 1198 CR 621 EAST LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HOPPER, MIRIAN 1198 CR 621 EAST LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name <u>HOPPER, MIRIAM K</u> Street Address (P.O. Box Number is Not Acceptable) <u>1198 CR 621 EAST</u> City <u>LAKE PLACID</u> <u>FL</u> Zip Code <u>33852</u>	
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 reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P HOPPER, MIRIAN 1198 CR 621 EAST LAKE PLACID, FL 33852 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOPPER, MIRIAM K 1198 CR 621 EAST LAKE PLACID, FL 33852 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOPPER, BRYAN 1198 CR 621 EAST LAKE PLACID, FL 33852 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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>Miriam K Hopper</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>1/29/07 8634652217</u> Date Daytime Phone #		

FEI #
51-0597547