

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106054

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: AMERICAN WROUGHT IRON INC.

## Current Principal Place of Business:

9120 CRAFTSMANS DRIVE  
SUITE 102  
HUDSON, FL 34667 US

## New Principal Place of Business:

## Current Mailing Address:

9120 CRAFTSMANS DRIVE  
SUITE 102  
HUDSON, FL 34667 US

## New Mailing Address:

FEI Number: 26-3811935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HENNESSY, DAVID  
5842 BERKFORD DRIVE  
HOLIDAY, FL 34690 US

## Name and Address of New Registered Agent:

MARSHALL, DOREEN  
9700 CRITTER LANE  
BROOKSVILLE, FL 34601 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: DOREEN MARSHALL

06/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HENNESSY, JODY  
Address: 5842 BERKFORD DRIVE  
City-St-Zip: HOLIDAY, FL 34690 US

Title: VP ( ) Delete  
Name: MARSHALL, DOREEN  
Address: 9700 CRITTER LANE  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARSHALL, DARIN A  
Address: 9700 CRITTER LANE  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: VP (X) Change ( ) Addition  
Name: HENNESSEY, DAVID  
Address: 5842 BERKFORD DRIVER  
City-St-Zip: HOLIDAY, FL 34690 US

Title: S/T ( ) Change (X) Addition  
Name: MARSHALL, DOREEN M  
Address: 9700 CRITTER LANE  
City-St-Zip: BROOKSVILLE, FL 34601

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: DOREEN MARSHALL

S/T

06/25/2009

Electronic Signature of Signing Officer or Director

Date