

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082236

Entity Name: REDIRON FABRICATION, INC.

FILED  
Jan 06, 2004  
Secretary of State

**Current Principal Place of Business:**

1618 SE VILLAGE GREEN DRIVE  
# 3&4  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

1618 SE VILLAGE GREEN DRIVE  
# 4 & 5  
PORT SAINT LUCIE, FL 34952 US

**Current Mailing Address:**

2292 SE ROCK SPRINGS DRIVE  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 65-0466637      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TARTER, ANTHONY R  
2292 SE ROCK SPRINGS DRIVE  
PORT ST. LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TARTER, ANTHONY R  
Address: 2292 SE ROCK SPRINGS DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY R. TARTER

PRES

01/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date